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ABSTRACT

The document reports the first year's accomplishments of the New York State Implementation Grant to improve the delivery of services to handicapped children ages birth to 5 years. Activities are discussed for the following areas: developing guidelines supporting legislation, developing a written plan as part of the annual state plan, establishing Regional Early Childhood Direction Center Sites at the local level, assisting regional Early Childhood Direction Centers in linking handicapped infants to services, and developing state level agreements to fund Regional Early Childhood Direction Centers. Appendixes, which make up most of the document, include: copies of New York State legislation; memoranda regarding the legislation; an information bulletin on family court petitions for handicapped children below the age of five; the transcript of a speech regarding state legislation; a report on public hearings sponsored by the New York State Council on Children and Families; a copy of a plan for the prevention of developmental disabilities and infant mortality; the New York State Plan for helping children with handicapping conditions (a 200 plus page document covering services through personnel training and monitoring, guarantee of children's rights, and special education issues); and a detailed report on the evaluation design with summary charts. (SB)

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NEW YORK STATE IMPLEMENTATION GRANT
September 1, 1980 to August 31, 1981
Grant # G008002824
Project # 444 CH 00013
CFDA # 13.444C
Final Report

BEST COPY AVAILABLE

Submitted by:
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Office for Education of Children with
Handicapping Conditions
Bureau of Program Development
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EC144475

INTRODUCTION

The goal of the New York State Implementation Grant for 1980-81 was to improve the delivery of services to handicapped children ages birth to five. This would be accomplished by developing a comprehensive statewide plan for handicapped children ages three to five and by developing interagency agreeements designed to link handicapped infants to medical, social and educational services through Regional Early Childhood Direction Centers. This final report for the period of September 1, 1980 through August 31, 1981, includes financial data and describes major activities conducted by State Implementation Grant (SIG) staff to meet the following principle and subordinate objectives:

1. to develop a comprehensive state plan for handicapped children ages three to five

   1.1. To assist in developing guidelines for support of legislation for 3 and 4 year old handicapped children in New York. State.

   1.2. To develop a written plan for early childhood education as part of the Annual State Plan.

2. to accelerate services to handicapped infants through Regional Early Childhood Direction Centers

   2.1 to develop two state level agreements in order to fund two Regional Early Childhood Direction Centers

   2.2 to establish two Regional Early Childhood Direction Centers sites at the local level through cooperative agreements between Perinatal Clinics and Early Childhood Direction Centers

   2.3 to assist Regional Early Childhood Direction Centers in linking handicapped infants and preschoolers to services.

FIRST YEAR ACCOMPLISHMENTS
1980-81

HIRE STAFF

Project staff, already involved with State Implementation Grant (SIG) activities from the prior year grant were rehired and assigned to SIG activities during this first year of the new State Implementation Grant. This consisted of the project associate (in kind, having overall supervisory responsibilities for the SIG), the project assistant and secretary. The principal investigator and project director assumed their administrative activities (in kind) as outlined in the grant proposal. In January, the project assistant replaced the project associate who resigned. The State Education Department has hired another staff member to assume the responsibilities of the project assistant. As a result of these staff changes, permission was granted to carry over approximately $11,700 to the 1981-82 project year.

Developing Guidelines Supporting Legislation

Legislation supported by the Board of Regents was proposed during the 1980 legislative session which if passed would have mandated special education services for handicapped children at age three. Such legislation was not enacted. During this first project year, SIG staff met with Department staff to analyze and discuss possible reasons legislation did not pass the New York State Senate and Assembly during the 1980 legislative session. Reasons for lack of passage of this legislation were postulated as:

- -competitive legislation for this population
- -special interest group lobbying
- -additional cost of legislation compared with current Family Court system
- -increased state funding by legislature for maintenance of existing programs for handicapped children 5-21
- -political reasons

DEVELOPING GUIDELINES SUPPORTING LEGISLATION

SIG staff and Department staff agreed that there was a continued need for future legislative efforts since parents of handicapped children three to five continued to be faced with difficulties in funding programs and services for their young handicapped child. There is currently no comprehensive plan for services for handicapped children ages three to five. It was agreed that lengthy delay, frustration, waiting lists, or direct payment would continue unless legislation would again be proposed mandating services for these three to five year old handicapped children. It was also recognized by SIG staff during this grant year that parents continued to encounter such difficulties. Some parents would continue to give up due to frustration and consequently their young handicapped child would not receive services.

SIG staff identified again the priority that legislation mandating local education agencies to provide special education services to handicapped children ages three to five would need to be proposed. It was recognized that legislation should again focus on these handicapped students 3-5. SIG staff researched guidelines for mandated services in other states in support of legislation and provided this information to appropriate Department personnel. They assisted in developing definitions and revised terminology to be included in proposed legislation during 1981. Project staff assisted in the preparation of a revised draft of legislation and submitted such to the New York State Education Department's Office of Counsel (See Appendix A). In conjunction with these revisions, project staff was involved in the development of a memorandum in support of the legislation being proposed (See Appendix B SIG staff developed a mechanism for computing projected costs of proposed legislation compared with current expenditures under the Family Court order program. The Family Court order program is a permissive, complex, bureaucratic funding mechanism in which parents petition for funds for special education services for preschool handicapped children through the Family Court in their county of residence.(See Appendix C for additional information.) This was accomplished in conjunction with our Department's Office of Fiscal Management. SIG staff computed data on the number of students who would be served upon passage of such legislation and updated data on students now receiving special education services through the Family Court system in New York State.

The recommended legislation with support information was forwarded to the Board of Regents of the State of New York for its review and approval. Revisions were made as requested and the Board of Regents endorsed the proposed legislation (Assembly Bill 3370, Senate Bill 4982). At the end of the legislative session these bills remained in the Education Committees of both houses (See Appendix A

SIG staff provided technical assistance regarding these legislative efforts. Continued telephone and written requests regarding information, clarification and interpretation were received from legislators, service providers and other state agency personnel. Project staff responded to requests from within and outside the Department for additional data and documentation regarding current status of preschool education of the handicapped.

IDENTIFYING STRATEGIES

It should also be noted that project staff has identified strategies to help alleviate some of the difficulties in passage. For example, since costs through the existing Family Court process have increased dramatically, it can now be shown that any increase as a result of legislation (if at all) would be minimal. In fact, it may decrease amount of dollars currently being expended and allow for more students to be served for the same or less money. Too, it was identified that in order for these legislative efforts to be successful, coordination and discussions with other agencies supporting similar legislation would need to take place, with possible compromises being reached. These discussions began with the New York State Council on Children and Families and the Governor's Conference on Prevention of Developmental Disabilities and Infant Mortality.

COUNCIL ON CHILDREN AND FAMILIES

SIG staff assisted in the preparation of testimony on behalf of the Commissioner of Education regarding the State Education Department's early childhood legislation (See Appendix D) presented at public hearings conducted by the New York State Council on Children and Families. The purpose of these hearings was to assist the Council in preparation of their legislative efforts. The testimony identified difficulties with the current lack of mandates and Family Court system including the:

- -cumbersome, time consuming and bureaucratic nature of petitioning
- -lack of a system for assuring quality standards, cost effectiveness and due process
- -inaccessibility on an equal basis to all citizens in state
- -lack of consistency or logical pattern for pursuing special education services

Testimony explained that proposed legislation supported by the State Education Department making the educational system responsible for handicapped children beginning at age three:

- Would alleviate these difficulties by delegating responsibility to the educational system
- Would allow for effective monitoring to assure quality programs and cost effective services, as well as due process
- Would provide a logical, and efficient procedure for parents to pursue special education services through use of the existing system in place for handicapped children 5-21.

SIG staff presented the testimony at two of the public hearings and summarized its perception of the hearings for Department staff (See Appendix E). Assembly Bill 8539, which was introduced to the legislature in the Spring reflected the Council's findings and recommendations. SIG staff prepared a comparison of this bill with the Regent's bill for Department staff (See Appendix F).

GOVERNOR'S CONFERENCE

The Commissioner of Education, co-chaired the Governor's Conference which consisted of five sub-committees (prenatal, infancy, preschool, families and information and training). The problems discussed included:

- . the need for education and information about good health habits and prevention of disease through health maintenance
- . the need to improve services to identified "at risk" groups and to more carefully match needs and programs
- . the need to address the problems of pregnancies among unmarried teenage women

- the need for a coordinated service system for handicapped or "at risk" infants and preschool children and their families to promote adaptation and health, and

- the need for coordination both in planning and service delivery within the state system and among the voluntary agencies.

SIG staff worked closely with the Preschool Subcommittee developing recommendations. The key issue included mandating preschool services with 100% state aid; using already existing resources and administrative structures operating in the State Education Department, the Office of Mental Retardation and Developmental Disabilities, and the Department of Health; defining eligibility, identifying the Early Childhood Direction Center or the local referral point coordination of preschool services; accessing preschool services; monitoring and approving programs; and providing transportation and other services.

The deliberations of each committee resulted in a set of policy recommendations and specific strategies attempting to resolve questions of need through the redirection of fiscal and human resources. (See Appendix C).

Developing a Written Plan as Part of Annual State Plan

Project staff developed a comprehensive statement concerning programs and services for three and four year old handicapped children in New York State. SIG staff worked closely with the State Plan Officer so that New York State's Plan submitted under P.L. 94-142 reflected current state programs and trends for three and four year old handicapped children. Project staff prepared a draft which was submitted to the State Plan officer. Upon review and discussion between the State Plan Officer and SIG staff, early childhood sections were revised, edited and resubmitted by SIG staff. The entire State Plan was then disseminated in draft form for review by parents, professionals and the general public. Public hearings throughout New York State were conducted so that suggestions could be provided by parents, professionals and other interest groups. These suggestions were recorded, and discussed in depth prior to making revisions. As necessary, final revisions were submitted to the State Plan Officer for final approval, inclusion and submission to the federal government. As a result of efforts of SIG staff, an Early Childhood Section is included in the State Plan relating to preschool handicapped children (See Appendix H) for pertinent sections of State Plan). Objectives are:

SUBMIT DRAFT

FINAL REVISIONS

- to train physicians on early identification screening and referral of young children with handicapping conditions

- to train administrators, special education teachers and parents of handicapped children under the age of five to insure education of these children with handicapping conditions as soon as possible.

In addition to the objectives relating to preschool handicapped children, current laws and regulations for preschool handicapped children are described, as well as available program

grants relating to early childhood activities, parent training, teacher training relating to young handicapped children, and cooperative efforts with other state agencies. Additionally, sections describe products, materials and resources available for and pertinent to this 3 and 4 year old population of pupils with handicapping conditions. The proposed legislation, which would mandate education for handicapped children who have attained the age of three is also discussed. SIG staff also compiled data, to identify the following:

- number of 3 and 4 year olds being served in districts during the previous year
- number of facilities that have preschool handicapped children petitioned through Family Court
- number of 3 and 4 year old handicapped children being served through Family Court

Establishing Regional Early Childhood Direction Center Sites at the Local Level

MEETINGS WITH DIRECTORS OF PERINATAL CLINICS

SIG staff were successful in establishing Regional Early Childhood Direction Centers at the local level as proposed. The project associate and assistant scheduled and conducted individual meetings and visits to Perinatal Clinics. In each case, either the Director of the Perinatal Clinic or Chairman of the Department of Pediatrics was identified and the initial meeting was scheduled with them. In many cases, it was necessary to conduct more than one visit. During these meetings, project staff learned about the services, structure and organization of the Perinatal Clinic regarding handicapped infants. Staffing patterns, linkages to area agencies, follow-up activities, regions and philosophical issues were, and are, in the process of being discussed. Project staff provided information and materials to the Directors of the Perinatal Clinics about the concept of Regional Early Childhood Direction Centers. For example, SIG staff provided them with background information including the history and past activities of Early Childhood Direction Centers in New York State, educational mandates, funding, data and the rationale for establishing a common base of information between SIG staff and the Perinatal staff. As a result, letters of interest were requested from these Directors of the Perinatal Clinic indicating a commitment to coordinate and develop a joint agreement with the local agency involved with the Early Childhood Direction Center. Letters of interest were received from Perinatal Centers in the following regions: Buffalo, Syracuse, Albany, Long Island (2), Manhattan (2), Brooklyn (3) (See Appendix I for sample).

OBTAIN LETTERS OF INTEREST

MEETINGS WITH DIRECTORS OF EARLY CHILDHOOD DIRECTION CENTERS

Simultaneously, SIG staff met with the Directors of the Direction Center projects in these same regions to discuss the development of a joint agreement with the Perinatal Clinics. SIG staff provided initial background information regarding the Perinatal Clinics and discussed possible coordination. Similar interest was expressed by Directors of Early Childhood Direction Centers. This was facilitated during the proposal preparation for Early Childhood Direction Centers for this current year. Department staff asked Direction Centers to become involved with the Perinatal Clinics in preparation for this coordinated effort.

OBTAIN LETTERS OF INTEREST

Upon receipt of the letters of interest and numerous discussions a negotiations, it became evident that the process of integrating medical and educational philosophies was time-consuming and tedious. SIG staff met jointly on numerous occasions with the representatives of the Perinatal Clinic and Early Childhood Direction Centers in specific regions to discuss the establishment of a cooperative agreement. These meeting(s) were designed to assist both agencies in initial planning efforts. Items such as project objectives, location, proposal content and philosophical orientation were discussed. Additionally, since funding from another state agency was unavailable at this time, more creativity for use of existing monies needed to take place in the development of any cooperative agreement to accelerate services to handicapped infants.

SIG staff requested that persons be identified from both agencies to form a joint planning committee that would develop this agreement to be submitted to the State Education Department for approval. This was accomplished in two regions. During the development, SIG staff was available, as needed, to provide technical assistance to agency personnel. However, SIG staff reinforced to the committee that to help insure success, the proposal needed to be developed by the committee

Project staff suggested and arranged for visits to the Regional Early Childhood Direction Center in Rochester to assist in identifying issues which would need to be addressed in developing these agreements.

Issues which were discussed included staffing patterns and responsibilities, organizational structure, agency boundaries, leadership and supervision, channels of communication, medical, educational and social components of direction services, role description, territorial issues, staff location, fiscal concerns neutrality, infant population definitions and others.

As a result of SIG activities during this current project year, two Regional Early Childhood Direction Center projects have been established at the local level which involve agreements between a local education agency and a Perinatal Clinic (Buffalo and Syracuse; descriptions of each model to follow). Two additional Regional Early Childhood Direction Centers have been established at the local level located in Perinatal Clinics. One is a model project in a Perinatal Clinic (Manhattan), the other a joint agreement at the local level between three Perinatal Clinics (Brooklyn). Descriptions of these two models, including rationale and process for establishment will also follow.

Descriptions of Regional Early Childhood Direction Center Models

BUFFALO MODEL

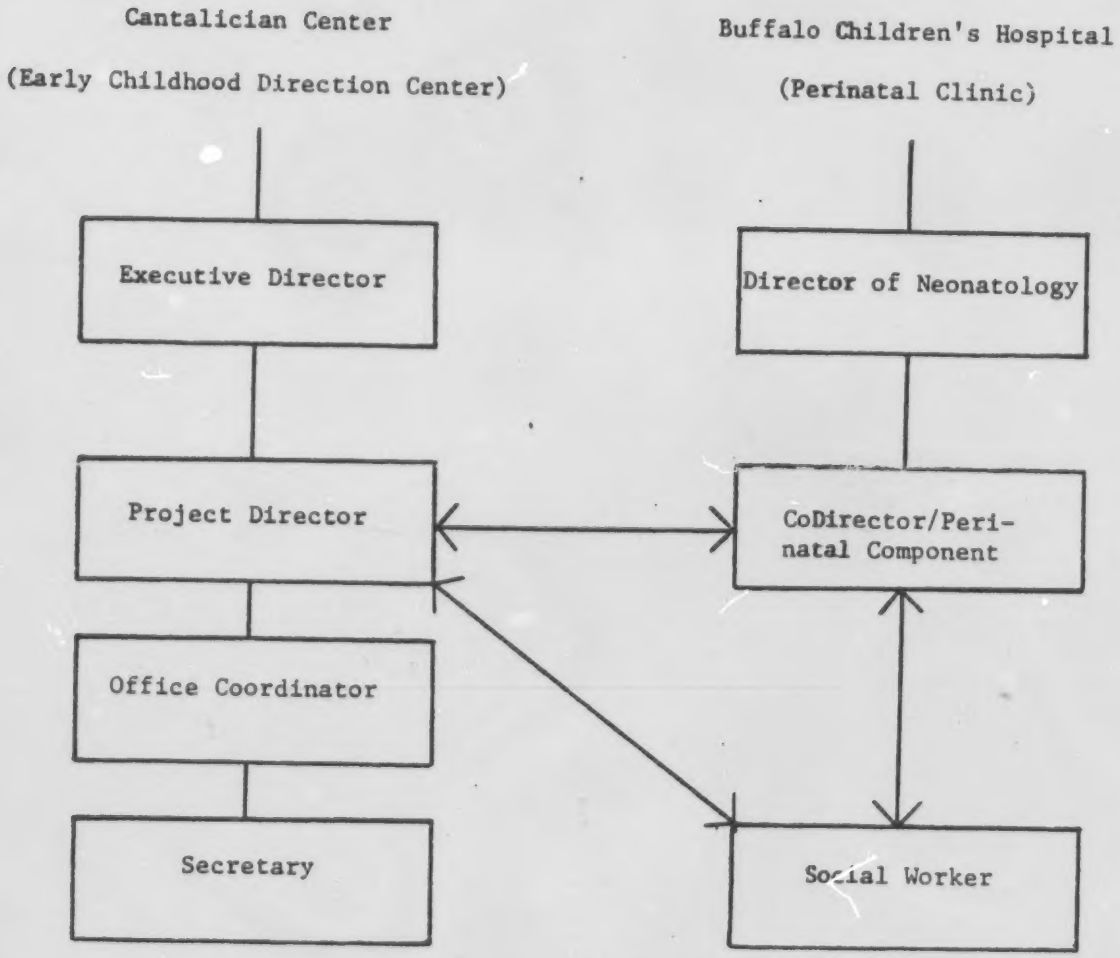
In the Buffalo region, covering six New York State counties, a model was established and implemented allowing a full-time staff person (social worker) to be on site at the Perinatal Center location to assist parents in linking their handicapped infant to services. This person makes contact with all families whose newborn infant has been admitted to the neonatal nursery.

She assists the families of handicapped infants (in accordance with project objectives) in linking to appropriate services while the infant is in the neonatal intensive care nursery. She coordinates with other Direction Center staff for those requiring additional service linkages upon discharge. Those who may not have needs upon discharge are provided additional information about the Regional Early Childhood Direction Center for future use. Follow-up is accomplished either by Direction Center staff or in coordination with hospital follow-up visits.

Organizationally, it was agreed that the project coordinator from the local education agency (Early Childhood Direction Center is responsible for coordination of the entire Regional Early Childhood Direction Center model. She is assisted by a coordinator at the Perinatal Center for this component of the project. It should also be noted that during the negotiation process, the local education agency responsible for the Early Childhood Direction Center agreed to make a portion of project funds available to the Perinatal Center for resources necessary to fund this social worker/direction center staff at the Perinatal Clinic. Therefore in this Regional Early Childhood Direction Center model, the original funding available by the Early Childhood Direction Center is divided by both the local education agency and Perinatal Clinic and represents a dollar agreement between both agencies using existing resources. As a result of SIG activities, this cooperative effort has been negotiated and implemented and handicapped infants are linked to services at the earliest possible time. The organizational model is as follows:

ORGANIZATIONAL MODEL

Buffalo Regional Early Childhood Direction Center

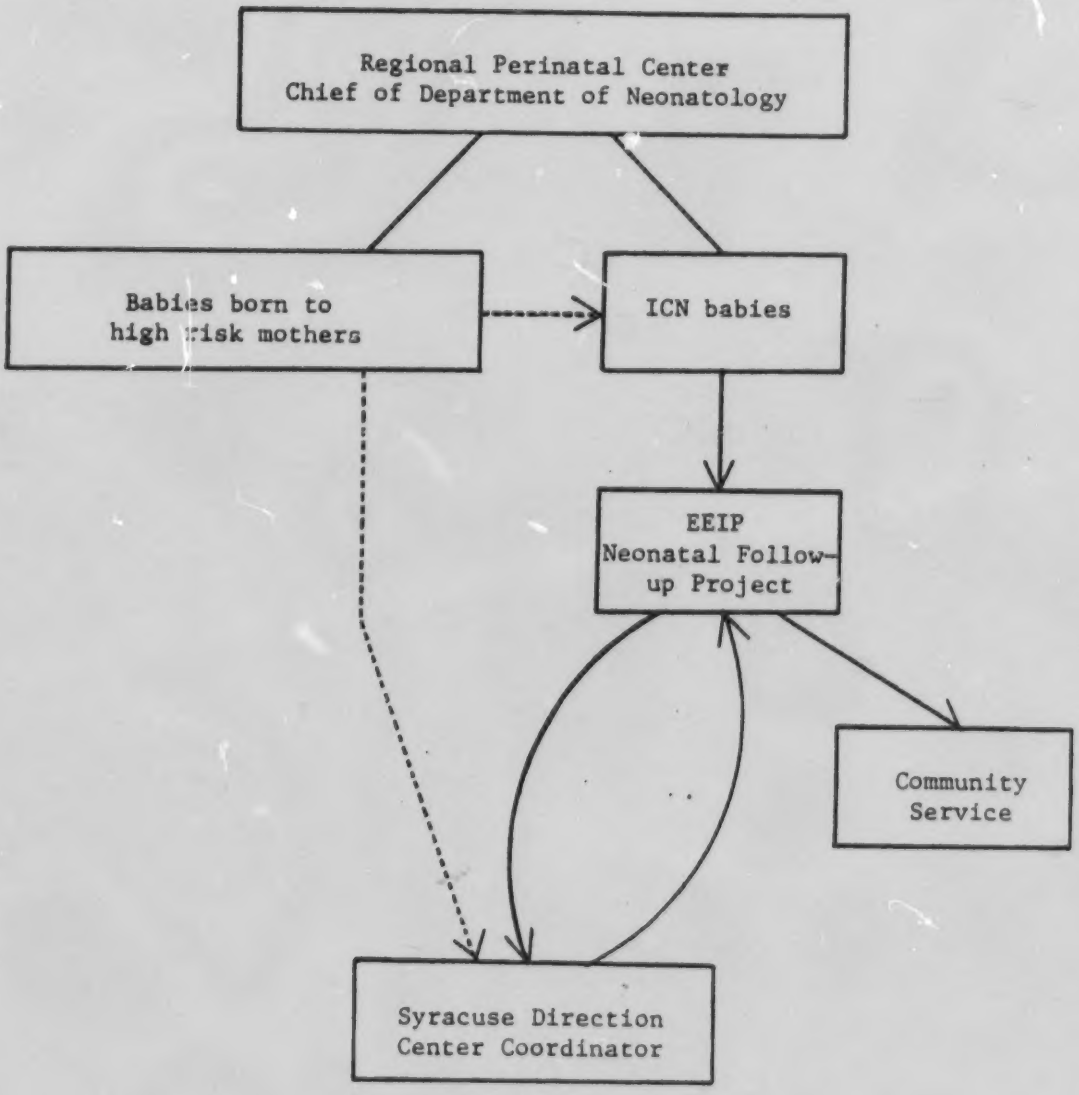


SYRACUSE MODEL

Discussions between the local education agency responsible for the Early Childhood Direction Center and the Perinatal Clinic led to the establishment of a plan to begin linkages between the two projects. As a result of these sensitive discussions, the following model was established as a beginning of a Regional Early Childhood Direction Center model:

ORGANIZATIONAL MODEL

Syracuse Regional Early Childhood Direction Center



Other Direction Centers

(Binghamton, Elmira, Potsdam, Watertown)

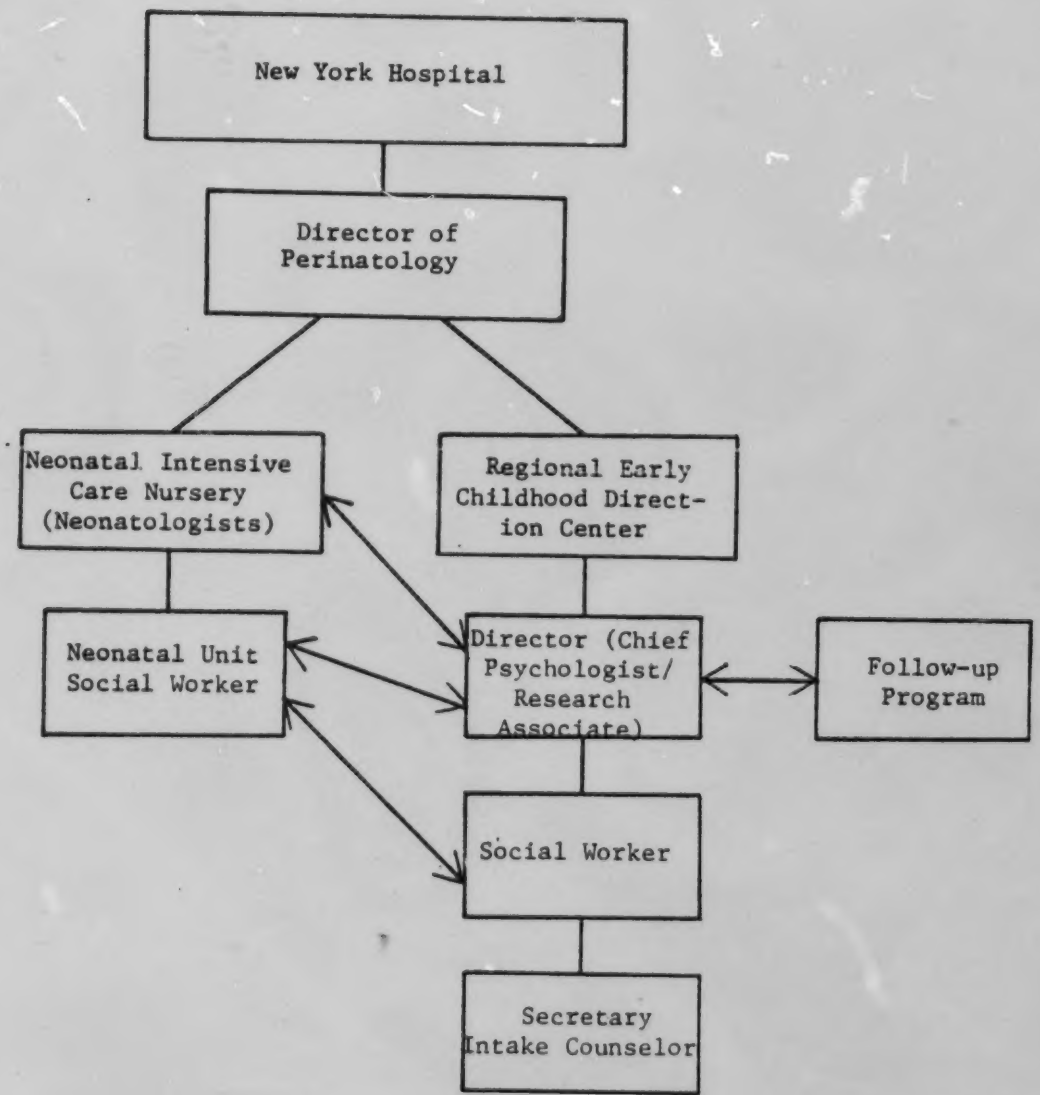
This Regional Early Childhood Direction Center model involves the agreement by both agencies that a part-time secretary/intake worker would be located at the Perinatal Clinic. This person is responsible for working with the high risk mothers prior to delivery, to explain Direction Center services and determine the willingness to be involved in a follow-up study via a parent questionnaire. Upon completion and return of these questionnaires, responses are analyzed by appropriate professionals and the Direction Center will contact the family to determine if the infant and the family needs to be linked to services. This is coordinated with the neonatal follow-up program conducted by the hospital.

MANHATTAN MODEL

SIG staff received an initial letter of interest from a Perinatal Clinic in New York City. Based upon the existing status and difficulties with the Early Childhood Direction Centers in New York City, Department staff, as a result of discussions with SIG staff, determined that it would be appropriate and worthwhile to fund a model Regional Early Childhood Direction Center project that would be a separate entity located in a Perinatal Clinic. Staff felt that this model project would allow them to determine if this was an effective means in the linking of handicapped infants to services and further facilitate linkages with the existing Early Childhood Direction Centers. SIG staff anticipated that if such a model were effective, than such a Regional Early Childhood Direction Center model could be beneficial in other areas of the state. SIG staff met on numerous occasions with the Director of the Perinatal Center and the Chief Psychologist/Research Associate of the PerinatalCenter to negotiate the project. Upon successful completion of the RFP the project was funded and initiated. As a result, this Regional Early Childhood Direction Center model has been established as a component of the Perintal Center program. Staff of the Regional Early Childhood Direction Center consists of a coordinator (social worker) and intake worker/secretary, who assist parents of handicapped infants from the hospital's Neonatal Intensive Care nursery in locating funding, securing services, follow-up and referral to Committees on the Handicapped. A unique model for coordination with the neonatal unit has been established. The coordinator of the Regional Early Childhood Direction Center is involved at the discharge planning conference conducted in preparation of the infants release from the neonatal center. At this time the social worker from the neonatal unit/clinic provides information to the Regional Early Childhood Direction Center and the responsibility for linkage to services and follow up is that of the Regional Early Childhood Direction Center. Since the Regional Early Childhood Direction Center is an integral part of the Perinatal Center, confidentiality issues are easily addressed. Perinatal Clinic staff have expressed that this Regional Early Childhood Direction Center model has thus far provided important services toward linking these infants to services. This had not occured prior to the inception of the project. The organization of the model is as follows:

ORGANIZATIONAL MODEL

Manhattan Regional Early Childhood Direction Center



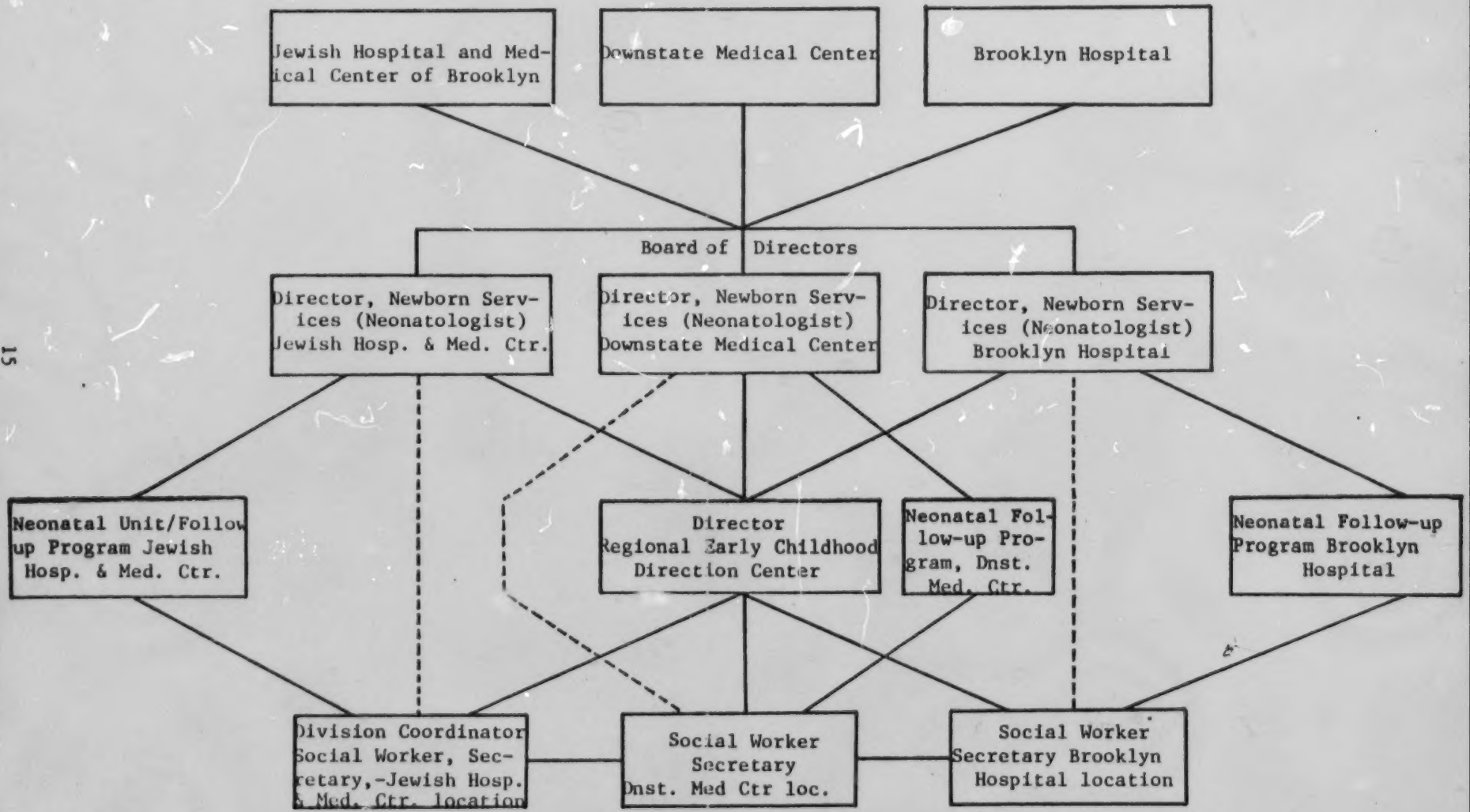
BROOKLYN MODEL

Three Perinatal Clinics in the Brooklyn area of New York City expressed interest in the concept of the Regional Early Childhood Direction Center model. This, however was the only region in New York State which did not have an Early Childhood Direction Center. Department staff had unsuccessfully conducted two competitive funding rounds without receipt of an acceptable proposal for an Early Childhood Direction Center. In talks with department staff, SIG staff discussed the possibility of giving these PerinatalClinics the opportunity to submit a proposal similar to that in Manhattan, which would be reviewed and one site selected as a Regional Early Childhood Direction Center. This made sense in view of the fact that no Early Childhood Direction Center project existed in the region. Upon receipt of the RFP the three Perinatal Clinics requested and were given the opportunity to submit a joint proposal. As a result of many revisions and sensitive negotiations, a Regional Early Childhood Direction Center model was established. This model is a collaborative funding agreement by three Perinatal Clinics to operate a Regional Early Childhood Direction Center. This Regional Early Childhood Direction Center is comprised of three locations, one at each of the Perintal Clinics; one Director coordinates project activities of Regional Early Childhood Direction Center staff at each of the locations. A Board of Directors comprised of the Directors of Neonatalogy of the three PerinatalClinics oversee all project activities.

The Regional Early Childhood Direction Center model is unique since three Perinatal Clinics have been able to address territorial and philosophical issues to coordinate linking handicapped infants to services. As a result of the SIG, this is the first time in New York State that three Perinatal Clinics have financially or philosophically agreed to work together to ensure that handicapped infants received needed services at the earliest possible time. Such agreement is testimony as to one of the benefits of the first year of the SIG. The organizatinal model of this project follows:

ORGANIZATIONAL MODEL

Brocklyn Regional Early Childhood Direction Center


Jewish Hospital and Medical Center of Brooklyn
Downstate Medical Center
Brooklyn Hospital
Board of Directors
Director, Newborn Services (Neonatologist) Jewish Hosp. & Med. Ctr.
Director, Newborn Services (Neonatologist) Downstate Medical Center
Director, Newborn Services (Neonatologist) Brooklyn Hospital
Neonatal Unit/Follow up Program Jewish Hosp. & Med. Ctr.
Director Regional Early Childhood Direction Center
Neonatal Follow-up Program, Dnst. Med. Ctr.
Neonatal Follow-up Program Brooklyn Hospital
Division Coordinator Social Worker, Secretary,-Jewish Hosp. & Med. Ctr. location
Social Worker Secretary Dnst. Med Ctr loc.
Social Worker Secretary Brooklyn Hospital location

Assisting Regional Early Childhood Direction Centers in Linking Handicapped Infants to Services

SIG staff assisted Regional Early Childhood Direction Centers in linking handicapped infants to services by providing training and technical assistance to project directors and staff. The following activities were conducted by SIG staff during the project year:

- training sessions for RECDC directors and other staffs (See Appendix J, Agendas)
- development and review of bimonthly reports
- technical assistance and support
- provided updates on current information
- field visits
- development of brochure
- development of evaluation design

SIG staff arranged for and conducted Directors' meetings which provided information and training in the following areas:

- Current Early Childhood Activities in New York State
  Included an update on Implementation and Incentive Grant Activities, new Direction Center locations, results of last year's activities, general goals and objectives for this year, recent publications, etc.

- New Screening Requirements/Identifying Handicapping Conditions in Young Children
  Basic information about new legislation regarding screening was provided to participants with a discussion period for questions and clarification.
  Each participant received copies of the screening manual.

- Family Court Update
  An overview of the process of petitioning the Family Court was presented and staff participated in an activity to develop skills in determining minimum criteria for approval.

- Reporting Requirements
  New bi-monthly reporting forms for the 1980-81 project year, which were developed by SIG staff to improve the data collection, were explained to project staff (Appendix K)

- New Staff Orientation
  SIG staff prepared an orientation for new project staff to explain the concept of direction services. The roles and responsibilities of the projects were presented including the various approaches.

- Regional Early Childhood Direction Center Models at Rochester, Syracuse, Buffalo, Manhattan and Brooklyn were reviewed.

- Communication with Physicians and Other Professionals
  Session on increasing participants knowledge and skills in communication techniques were conducted. Participants roleplayed communication situations. Participants were provided with this opportunity to have their own communication style profiled and critiqued.

- Providing Assistance
  Participants responded to various situations to determine type, level and intensity of service needed.

- Time Management
  Participants were given the opportunity to analyze Direction Center activities related to use of time.

- Information Sharing
  Participants were given the opportunity to update each other on individual activities, such as development of brochures, techniques for outreach activities, telephone intake sheets, Direction Center Advisory groups, client satisfaction surveys, and referral forms.

SIG staff assisted Regional Early Childhood Direction Center in developing, implementing and analyzing results of client satisfaction surveys, disseminated to users during the project year. The majority of surveys returned were positive, indicating that users were pleased with the help they received. The surveys indicated the type of publicity to which users frequently responded, type of information or assistacne requested, appropriateness of assistance rendered wnd whether or not the user would contact the Direction Center again.

As previously indicated, SIG staff developed bi-monthly reporting forms to collect accurate data of the number of people being served and the various types of services being performed through direction activities. A format was designed that would present a numerical summary of major activities. These reporting forms served as a tool to assist Regional Early Childhood Direction Center staffs in managing their activities by objective. Centers were also encouraged to include other information describing their activities such as brochures, agendas of advisory council meetings, etc.

BIMONTHLY REPORTS

SIG staff provided feedback to projects regarding completion and accuracy of the forms. SIG has reviewed and compiled data for the project year. The following summarizes results from the Regional Early Childhood Direction Centers in Manhattan, Brooklyn, Buffalo, Syracuse and Rochester in linking handicapped infants 0-2 to services during the twelve month period.

Number of infants matched to services	1135
Number of services matched to infants	2103
Number of parents of handicapped infants assisted	1423
Number of professionals or agencies assisted	389
Number of children referred to COH	66
Number of referrals from Regional Perinatal Centers	1177
Number of agencies assisted with the Family Court process related to infants	70
Number of children from these agencies impacted	1043
Number of follow-up contacts to parents	1253
Number of follow-up contacts to professionals/agencies	589

In order to determine the impact of Regional Early Childhood Direction Centers on infants, a comparison was made between Regional Early Childhood Direction Centers and Early Childhood Direction Centers not having a cooperative agreement with the Regional Perinatal Center. The following is a chart summarizing averages of data during the project year regarding linking handicapped infants to services.

	Regional Early Childhood Direction Centers	Early Childhood Direction Cente
Number of infants matched to services	227	37
Number of services matched to infants	421	48
Number of parents of handicapped infants assisted	285	47
Number of professionals or agencies assisted	78	25
Number of children referred to COH	13	19
Number of referrals from Regional Perinatal Centers	235	8
Number of agencies assisted with the Family Court process related to infants	14	4
Number of children from these agencies impacted	209	26
Number of follow up contacts to parents	251	43
Number of follow up contacts to professionals/ agencies	118	25

An analysis indicates that the Regional Early Childhood Direction Centers have had a significant impact on accelerating services to handicapped infants compared to Early Childhood Direction Center projects not having an agreement with a Perinatal Clinic. This supports the concept of establishing Regional Early Childhood Direction Center models.

SIG staff completed two site visits to each Regional Early Childhood Direction Center. During each visit, the SIG staff member has had the opportunity to be introduced to the facility and support personnel and become knowledgeable about the daily operation of the center, such as intake procedures and filing systems. During each site visit, current activities conducted under each objective were discussed and information shared. Following each site visit, a field report was completed and follow-up conducted as indicated (See Appendix L)

SIG staff responded to requests from Regional Early Childhood Direction Center staff. Telephone contact between SIG staff and the Regional Early Childhood Direction Center has been the major vehicle in providing technical assistance and support between training sessions and site visits. SIG staff has also developed a brochure to assist staff in publicizing services (See Appendix M).

WORKING WITH TADS

In order to evaluate the efforts of the Regional Early Childhood Direction Centers an evaluation design was developed. It is anticipated that this tool will assist SIG staff in measuring the impact of Regional Early Childhood Direction Centers on the delivery system of services to handicapped infants. In November, 1980, SIG staff and the Technical Assistance Development System (TADS) staff signed an agreement whereby: TADS would assist in identifying consultants with expertise in evaluation design and interagency coordination; and support consultants' fees for initial visits, development of evaluation draft, follow up visit and preparation of final draft (See Appendix N). SIG staff selected Marilyn Musumeci and Susan Koen, of the Center for Resource Management, Yorktown Heights, New York. A meeting was conducted at the end of March between SIG staff and the consultants and directors from the Regional Early Childhood Direction Centers. The agenda included sharing information about Regional Early Childhood Direction Center activities, current evaluation strategies, and the various evaluation options. (See Appendix O). A draft of the evaluation plan was submitted by the consultants for SIG review. Upon subsequent telephone contacts, SIG staff discussed revisions and future courses of action with the consultants, made modifications based on programmatic and budget needs and submitted the revised plan to the State Education Department and the consultant for their review (Appendix P). It is expected that the design will be finalized and implemented during the 1981-82 project year.

REQUEST FOR PROPOSAL

SIG staff assisted in the development of request for proposals for Early Childhood Direction Centers for next year to include a direct link with the Perinatal Center (SEE RFP, Appendix S). SIG staff negotiated with the individual projects to facilitate activities for final State Education Department approval. It is anticipated that next year formal agreements of referral between Perinatal Centers and Direction Centers will continue to link handicapped infants to services at the earliest possible time in their lives.

Developing State Level Agreements to Fund Regional Early Childhood Direction Centers

CONTACTING COMPANION AGENCY

Attempts have been initiated and will continue to secure funding from other state agencies to jointly fund Regional Early Childhood Direction Centers. Initially, the Early Childhood Direction Center in Rochester had been funded through an interagency agreement between the Office for Education of Children with Handicapping Conditions and the Disabled Children's Program, a component of the Office of Mental Retardation and Developmental Disabilities. Funds committed by the Disabled Children's Program were considered "seed monies" which had been awarded for two years. The decision was made that monies would no longer be available. Data was available to support benefits of this Regional Early Childhood Direction Center project. Efforts were made to seek interest of other state agencies in establishing such an interagency agreement. Initial efforts were taken with representatives in the Office of Mental Retardation and Developmental Disabilities to secure another funding source for the existing Regional Early Childhood Direction Center. SIG staff, in conjunction with the Assistant Commissioner of the Office for Education of Children with Handicapping Conditions met with staff from the Office

of Mental Retardation and Developmental Disabilities to discuss the feasibility of an interagency agreement to continuing funding of the Rochester Regional Early Childhood Direction Center. The initial response from OMR/DD was favorable and a number of meetings and discussions were conducted (See Appendix Q). Both SIG and OMR/DD staff recognized the capability of the Regional Early Childhood Direction Centers to cross agency boundaries and coordinate comprehensive medical, social and educational services to handicapped infants.

It was agreed that the joint project in Rochester be continued at a matching funding level on the conditions that the model be endorsed by the Council on Children and Families; that the project be utilized to develop a model for financing programs and services; and that during the project year, a resolution regarding long term funding agreed upon. The agreement was verbal, SIG staff made many further attempts at written negotiation and funding commitments. However, these were not successful, primarily because OMR/DD did not have financial resources available to support the agreement.

Subsequently, this year the Regional Early Childhood Direction Center in Rochester was funded totally by Part B discretionary monies, as a result of the efforts of SIG staff. SIG staff presented evidence to department staff that such efforts of the Regional Early Childhood Direction Center have been successful, and are desirable and necessary to insure linkage of handicapped infants to services.

PRESCHOOL INTERAGENCY COUNCIL

SIG staff is continuing to seek interest and commitment for interagency agreements from other state agencies. The restructuring of the Preschool Interagency Council brought new memberships (Appendix R) representing agencies serving very young handicapped children and provided SIG staff with the opportunity to identify and contact appropriate staff from other state agencies. The Council met three times during the year to discuss legislative efforts for preschool handicapped children, implications of budget recisions on agency programs and information about early childhood activities conducted by state agencies. Some members expressed a need to have the group become more active in promoting legislation and making decisions about programs and service agreements. Since the original intent of the Council was to primarily deal with agency responsibilities for funding for individual children and services for children who fall between agency cracks, SIG staff assessed members' needs in relation to goals and objectives for next year. The State Education Department reinforced the Council's role in providing a forum for sharing information and problems to be brought back to their agencies for further discussion and consideration at the agency and with management personnel.

SIG staff is continuing its efforts in the development of interagency agreements by effective utilization of methods of communication and decision making among interagency planners. Especially in these times of fiscal concern, staff will continue to show others how the effective pooling of resources can efficiently link handicapped infants to services.

SUMMARY

As a result of SIG activities, progress was made towards developing a comprehensive state Plan for handicapped children ages three to five and accelerating services for handicapped infants through Regional Early Childhood Direction Centers. As outlined in the subordinate objectives, guidelines and strategies were developed to support legislation for three and four year old handicapped children. These guidelines and strategies will have a significant impact upon the passage of legislation during the continuation year of the SIG. A written plan for Early Childhood Education was developed as part of the Annual State Plan.

Significant progress was made in accelerating services for infants, as a reuslt of the SIG. Four Regional Early Childhood Direction Centers were established at the local level through cooperative agreements between Perinatal Clinics and Early Childhood Direction Centers. This exceeded the targeted goal of two sites. The SIG staff provided training and technical assistance to these Direction Centers to help them in performing the Direction Center functions. SIG staff investigated and attempted to develop state level agreements, although companion agencies were reluctant to enter into agreements due to limited fiscal resources.

Overall, the State Implementation Grant achieved activities as proposed during the 1980-1981 project year.

APPENDICES

APPENDIX A

STATE OF NEW YORK

3370

1981-1982 Regular Sessions

IN ASSEMBLY

February 9, 1961

Introduced by M. of A. SEMINERIO, WILSON, CONNELLY, ORAZIO—Multi-Sponsored by—M. of A. NEWBURGER, PILLITTERE, ROBACH, McCABE, BRANCA—read once and referred to the Committee on Education

AN ACT to amend the education law and the family court act, in relation to the provision of instruction for handicapped children who have attained three years of age and for handicapped children who require instruction on a twelve month basis and to provide state aid to school districts furnishing such instruction

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision one of section forty-four hundred one of the education law, as amended by chapter fifty-three of the laws of nineteen hundred eighty, is amended to read as follows:

1. A "child with a handicapping condition" means a person [under the age of twenty-one who is entitled to attend public schools pursuant to section thirty-two hundred two of this chapter] who has attained three years of age and has not attained twenty-one years of age and has not received a high school diploma, and who, because of mental, physical or emotional reasons can receive appropriate educational opportunities from special services and programs to include, but not limited to, transportation, and the special services and programs delineated in subdivision two of this section, except that a child between the ages of three and five years will be considered as a "handicapped child" only if he is developmentally delayed, as defined and determined in accordance with regulations adopted by the commissioner of education, to such a degree that special services or programs are needed to be provided at age three or four in order for him to benefit from a school program at age five. A child who attains the age of twenty-one years after the commencement

EXPLANATION—Matter in *italics* (underscored) is new; matter in brackets [ ] is old law to be omitted.

LBD1-11-10-566

of a school year shall be entitled to receive services under this article until the end of the school year.

§ 2. Paragraph a of subdivision two of section forty-four hundred two of such law, as added by chapter eight hundred fifty-three of the laws of nineteen hundred seventy-six, is amended to read as follows:

a. The board of education or trustees of each school district shall be required to furnish suitable educational opportunities for handicapped children by one of the special services or programs listed in subdivision two of section forty-four hundred one. The need of the individual child shall determine which of such services shall be rendered. Such services or programs shall be provided between the months of September and June of each year, except that the board of education or trustees of each school district shall also provide special services or programs during the months of July and August, upon the recommendation of the committee on the handicapped and prior approval by the commissioner, to those children who are so handicapped as to require a structured learning environment of twelve months duration to maintain developmental levels and prevent regression. Special services and programs for children between the ages of three and five shall be subject to approval by the district superintendent of schools except in the city school districts in cities having a population of over one hundred twenty-five thousand inhabitants, in accordance with regulations of the commissioner of education. Furthermore, such programs may be provided by boards of cooperative educational services for one or more school districts in accordance with such regulations.

§ 3. Section forty-four hudnred five of such law is amended by adding a new subdivision four to read as follows:

4. Expenditures for special services or programs for handicapped children during the months of July and August, and for handicapped children of less than five years of age. There shall be apportioned to each school district for special services or programs for handicapped children during the months of July and August, and for special services or programs for handicapped children who have attained three years of age and who have not attained five years of age, an amount equal to the approved expenditures for such special services or programs by each such school district as defined by the commissioner and approved by the director of the budget. Such apportionment shall be made in accordance with the provisions of sections thirty-six hundred seven and thirty-six hundred nine of this chapter, and shall be paid from the annual appropriation of public monies for the support of public schools. Notwithstanding any provision of law to the contrary, for the year beginning September first, nineteen hundred eighty-one and ending August thirty-first, nineteen hundred eighty-two the commissioner of education shall certify to the county, or in the case of the city of New York to the city by December first, nineteen hundred eighty-two, the name of each child who is a resident of such county or city who is in a program for which a school district has received an apportionment pursuant to the provisions of this subdivision and the cost of such services for each such child. On or before the fifteenth day of January, nineteen hundred eighty-three such county or city shall reimburse the state for twenty-five per centum of the costs so certified. These reimbursements shall be made to the state comptroller.

§ 4. Section two hundred thirty-six of the family court act, as added by chapter eight hundred fifty-three of the laws of nineteen hundred seventy-six, is amended to read as follows:

§ 236. Powers of the family court with regard to certain handicapped children. 1. This section shall apply to [(a)] handicapped children as defined in subdivision one of section forty-four hundred one of the education law [who are not eligible for educational services pursuant to article seventy-three, eighty-five, eighty-seven, eighty-eight or eighty-nine of the education law] and [to (b) handicapped children meeting] who meet all the criteria of subdivision one of section forty-four hundred one of the education law except that such children are under the age of [five] three and are not entitled to attend public schools without the payment of tuition pursuant to section thirty-two hundred two of the education law and that such children are also not eligible for educational services pursuant to article seventy-three, eighty-five, eighty-seven, eighty-eight or eighty-nine of the education law.

2. Whenever such a child within the jurisdiction of the court pursuant to this section appears to the court to be in need of special educational services or training, including transportation, tuition or maintenance, a suitable order may be made for the education or training of such child in its home, a hospital, or other suitable institution, and the expenses thereof, when approved by the court and duly audited, shall be a charge upon the county or the city of New York thereof wherein the child is domiciled at the time application is made to the court for such order.

§ 5. This act shall take effect on the first day of September in the year in which it shall have become a law.

STATE OF NEW YORK

4982

1981-1982 Regular Sessions

IN SENATE

March 26, 1981

Introduced by Sens. DONOVAN, BABBUSH, SOLOMON, BERMAN, PISANI, PADAVAN, FLYNN, TRUNZO, SCHERMERHORN, BARCLAY, BERNSTEIN, CAEMMERER, VOLKER, ACKERMAN, MARINO, PERRY, BARTOSIEWICZ, NOLAN, CONNOR—(at request of the State Education Department)—read twice and ordered printed, and when printed to be committed to the Committee on Education

AN ACT to amend the education law and the family court act, in relation to the provision of instruction for handicapped children who have attained three years of age and for handicapped children who require instruction on a twelve month basis and to provide state aid to school districts furnishing such instruction

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Subdivision one of section forty-four hundred one of the education law, as amended by chapter fifty-three of the laws of nineteen hundred eighty, is amended to read as follows:

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EXPLANATION—Matter in *italics* (underscored) is new; matter in brackets [ ] is old law to be omitted.

LBD1-11-10-566p

A child who attains the age of twenty-one years after the commencement of a school year shall be entitled to receive services under this article until the end of the school year.

§ 2. Paragraph a of subdivision two of section forty-four hundred two of such law, as added by chapter eight hundred fifty-three of the laws of nineteen hundred seventy-six, is amended to read as follows:

a. The board of education or trustees of each school district shall be required to furnish suitable educational opportunities for handicapped children by one of the special services or programs listed in subdivision two of section forty-four hundred one. The need of the individual child shall determine which of such services shall be rendered. Such services or programs shall be provided between the months of September and June of each year, except that the board of education or trustees of each school district shall also provide special services or programs during the months of July and August, upon the recommendation of the committee on the handicapped and prior approval by the commissioner, to those children who are so handicapped as to require a structured learning environment of twelve months duration to maintain developmental levels and prevent regression. Special services and programs for children between the ages of three and five shall be subject to approval by the district superintendent of schools except in the city school districts in cities having a population of over one hundred twenty-five thousand inhabitants, in accordance with regulations of the commissioner of education. Furthermore, such programs may be provided by boards of cooperative educational services for one or more school districts in accordance with such regulations.

§ 3. Section forty-four hundred five of such law is amended by adding a new subdivision four to read as follows:

4. Expenditures for special services or programs for handicapped children during the months of July and August, and for handicapped children of less than five years of age. There shall be apportioned to each school district for special services or programs for handicapped children during the months of July and August, and for special services or programs for handicapped children who have attained three years of age and who have not attained five years of age, an amount equal to the approved expenditures for such special services or programs by each such school district as defined by the commissioner and approved by the director of the budget. Such apportionment shall be made in accordance with the provisions of sections thirty-six hundred seven and thirty-six hundred nine of this chapter, and shall be paid from the annual appropriation of public monies for the support of public schools. Notwithstanding any provision of law to the contrary, for the year beginning September first, nineteen hundred eighty-one and ending August thirty-first, nineteen hundred eighty-two the commissioner of education shall certify to the county, or in the case of the city of New York to the city by December first, nineteen hundred eighty-two, the name of each child who is a resident of such county or city who is in a program for which a school district has received an apportionment pursuant to the provisions of this subdivision and the cost of such services for each such child. On or before the fifteenth day of January, nineteen hundred eighty-three such county or city shall reimburse the state for twenty-five per centum of the costs so certified. These reimbursements shall be made to the state comptroller.

§ 4. Section two hundred thirty-six of the family court act, as added by chapter eight hundred fifty-three of the laws of nineteen hundred seventy-six, is amended to read as follows:

§ 236. Powers of the family court with regard to certain handicapped children. 1. This section shall apply to [(a)] handicapped children as defined in subdivision one of section forty-four hundred one of the education law [who are not eligible for educational services pursuant to article seventy-three, eighty-five, eighty-seven, eighty-eight or eighty-nine of the education law] and [to (b) handicapped children meeting] who meet all the criteria of subdivision one of section forty-four hundred one of the education law except that such children are under the age of [five] three and are not entitled to attend public schools without the payment of tuition pursuant to section thirty-two hundred two of the education law and that such children are also not eligible for educational services pursuant to article seventy-three, eighty-five, eighty-seven, eighty-eight or eighty-nine of the education law.

2. Whenever such a child within the jurisdiction of the court pursuant to this section appears to the court to be in need of special educational services or training, including transportation, tuition or maintenance, a suitable order may be made for the education or training of such child in its home, a hospital, or other suitable institution, and the expenses thereof, when approved by the court and duly audited, shall be a charge upon the county or the city of New York thereof wherein the child is domiciled at the time application is made to the court for such order.

§ 5. This act shall take effect on the first day of September in the year in which it shall have become a law.

APPENDIX B

MEMORANDUM IN SUPPORT OF "AN ACT TO AMEND THE EDUCATION LAW AND THE FAMILY COURT ACT, IN RELATION TO THE PROVISION OF INSTRUCTION FOR HANDICAPPED CHILDREN WHO HAVE ATTAINED THREE YEARS OF AGE AND FOR HANDICAPPED CHILDREN WHO REQUIRE INSTRUCTION ON A TWELVE MONTH BASIS AND TO PROVIDE STATE AID TO SCHOOL DISTRICTS FURNISHING SUCH INSTRUCTION"

Purpose of the Bill:

To require boards of education to provide instruction to certain handicapped children who have attained three years of age but who have not attained five years of age, and to provide instruction during the months of July and August, upon the recommendation of the committee on the handicapped, to those handicapped children who require instruction on a twelve month basis, and to provide State aid to school districts providing such instruction.

Summary of the provisions of the bill:

This bill would amend the Education Law to require boards of education to provide education for certain handicapped children of three years of age, rather than at age five as such Law currently provides. Boards of education would also be required to provide instruction during the months of July and August to those pupils identified by the school district committee on the handicapped as students requiring instruction on a twelve month basis. School districts providing instruction to pupils between the ages of three and five, or to pupils during the months of July and August, would receive State aid equal to the amount of approved expenditures for such purpose, as defined by the Commissioner of Education and approved by the Director of the Budget, except that for the first year, 25% of such costs would continue to be paid by the counties.

Statement in support of the bill:

The value of early intervention in the education of handicapped children has been demonstrated by model programs conducted with the use of Federal funds. Numerous studies indicate that children who received early intervention services were more likely to achieve and maintain placement in regular classes. Such intervention and reversal of the debilitating effects of handicapping conditions could ultimately reduce the cost of instruction of many handicapped students over the duration of their educational studies. The provisions of this bill as to children between three and five years of age will be limited to those so developmentally delayed as to need educational services and programs in order to be able to benefit from a regular school program at age five.

The provision of instruction to handicapped children who have attained three years of age is consistent with the provisions of the Education for All Handicapped Children Act of 1975 (Public Law 94-142) and the implementing regulations (45 CFR 121a) which require each State to insure that free appropriate public education is available for all handicapped children between the ages of three and eighteen, although a specific exception is provided for pupils aged three, four or five where such requirement would be inconsistent with State Law or practice.

Access to the Family Court process for reimbursement of expenditures has been demonstrated not to be equally available throughout the State. While some Family Courts have approved numerous appointments through the court order process, there are counties which have refused to participate in this program. In a recent analysis of Family Court orders approved for preschool handicapped children, approximately 25% of the counties in New York State report either very few or no children being served through the Family Court. More than half of the funds spent through the Family Court goes to four counties, excluding New York City which receives one-fifth of the total amount spent through Family Court. Thus, parents and children are denied equal access to a State and county-supported program. This bill will remedy that situation.

The requirement that school districts provide instruction during the months of July and August for those pupils who need instruction on a twelve month basis would permit parents of severely handicapped students to obtain such instructional service without resort to Family Court persuant to Section 236 of the Family Court Act. In the absence of any present obligation of school districts to provide instruction during the months of July and August, such instruction may be obtained at public expense only if the parent commences a proceeding pursuant to Section 236, which further burdens the work of the Family Court. In many instances, there is no serious question that the child needs instructional services during the months of July and August. The determination of whether such services should be provided could more appropriately be made by a board of education acting upon the recommendation of the committee on the handicapped.

The bill provides for total reimbursement of school district expenditures for the services provided to three and four year old pupils and all handicapped pupils during the months of July and August, to prevent the imposition of an additional burden on local taxpayers for the cost of these services and will eliminate the current local tax burden on the counties now participating in the Family Court program. However, for the first year of the program, 25% of the cost would continue to be paid by the counties.

Budgetary implications of the bill:

It is estimated that the following appropriations in the local assistance budget by State Fiscal year would be required by this bill:

Fiscal Year	Proposed Bill Local Assistance Appropriations	Estimated State Expenses Under Current Court Order Program	*Net Increase To State
1982-1983	$39,281,500	$38,451,000	$830,500*
1983-1984	71,983,800	45,448,200	26,535,600
1984-1985	79,182,180	49,993,020	29,189,160
1985-1986	87,100,968	54,992,472	32,108,496
1986-1987	95,810,767	60,491,719	35,319,048

*Legislation not effective until September 1982, therefore, there is no cost for school age or a preschool summer program. This does not include 25% revenues from county costs during first year of legislation. In

subsequent years, the increase to the State will be one half of the Local Assistance estimate or the county's share of the former Family Court order program.

SUPPLEMENTAL MEMORANDUM IN SUPPORT OF "AN ACT TO AMEND THE EDUCATION LAW AND THE FAMILY COURT ACT, IN RELATION TO THE PROVISION OF INSTRUCTION FOR HANDICAPPED CHILDREN WHO HAVE ATTAINED THREE YEARS OF AGE AND FOR HANDICAPPED CHILDREN WHO REQUIRE INSTRUCTION ON A TWELVE MONTH BASIS AND TO PROVIDE STATE AID TO SCHOOL DISTRICTS FURNISHING SUCH INSTRUCTION"

Sources of Possible Support:

Local school districts; advocacy organizations; professional organizations; parents of handicapped children; Family Court judges; and county executives.

Sources of Possible Opposition:

Private schools which anticipate loss of some students; some Head Start programs which are currently offering programs through the Family Court process.

Prior Legislative History:

1979: A similar bill was introduced at the 1979 Session (S.5761; A.7168), passed in the Senate, but was not reported by the Assembly Ways and Means Committee.

1980: The 1979 bills were deemed reintroduced in the 1980 session. S.5761 was reported out of the Education Committee, amended and referred to the Rules Committee and was not reported out of that committee. A.7168 was reported out of the Education Committee, referred to the Ways and Means Committee and was not reported out of that committee.

1981: During the 1981 legislative session Assembly Bill 3370 and Senate Bill 4982 were introduced. The bills remained in the Education Committees of their respective houses at the close of the legislative session.

For Further Information, Contact:

Lawrence C. Gloeckler, Chief
Bureau of Program Development
Office for Education of Children
with Handicapping Conditions

LEGISLATIVE PROPOSALS FOR 1982

FIVE YEAR PROJECTIONS OF COST

1)

SED Identification Number	Prior Year Identification Number if Applicable
ES-8/1981	ES-8/1980

2) Purpose of the Bill

To require boards of education to provide instruction to certain handicapped children who have attained three years of age but who have not attained five years of age, and to provide instruction during the months of July and August, upon the recommendation of the committee on the handicapped, to those handicapped children who require instruction on a twelve month basis, and to provide state aid to school districts providing such instruction.

3) Estimated Costs by State Fiscal Year (4/1/XX - 3/31/XX)

	Year	Amount State	Local
1st	82-83	$39,281,500*	
2nd	83-84	71,983,800	
3rd	84-85	79,182,180	
4th	85-86	87,100,968	
5th	86-87	95,810,767	

For any year that there will be no costs, indicate same

*this does not include 25% revenues from county costs during first year of legislation

4) Indicate below or via an attachment, the basis for the projections in item 3 above. Information should include, but not be limited to, the following: how basic data, such as number of students, etc. was developed; whether or not aid will be phased in over a period of years; how annual cost increases were calculated; and a timetable of when actual aid payments would be made during the fiscal year (if timetables are in law or regulation cite reference). Also, for those instances where there are no costs, provide a brief explanation as to why there are no costs.

Costs are based upon approximated current expenditures through Family Court. Preschool costs have continued to grow substantially under the current Family Court system. It is estimated that costs under the current Family Court system would increase for school years 1982-83 (33%), 1983-84 (20%), 1984-85 (10%), 1985-86 (10%) and 1986-87 (10%). This would be as a result of inflation.

Costs as a result of this legislation reflect a savings of 25% per year for the preschool age child, resulting from better programmatic controls, fiscal controls and monitoring capabilities. Costs for school age (summer programs) are anticipated to increase 10% as a result of inflation. Since the children receiving summer programs under the current system would be the same students receiving services upon passage of legislation, the costs would remain the same for this population of students. Total costs as a result of legislation are reflected in section 3.

5) PREPARED BY Lawrence Gloeckler

DATE: 6/9/81 TELEPHONE: 474-4312

OFFICE: Bureau of Program Development/Office for Education of Children with Handicapping Conditions

APPENDIX C

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234

ASSISTANT COMMISSIONER FOR
EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS

DIVISION OF DEVELOPMENT SUPPORT SERVICES.
EDUCATION OF HANDICAPPED CHILDREN

INFORMATION BULLETIN # 17

August 1979

TO: *Superintendents of Public and Nonpublic Schools*
District Superintendents
Principals of Public and Nonpublic Schools
Directors of Special Education
Commissioner's Advisory Panel
Directors of Pupil Personnel Services
Superintendents of State Operated and State Supported Schools
Family Court Judges

FROM: *Richard G. Mehir*

SUBJECT: *Family Court Petitions for Handicapped Children Below the Age of Five*

This memorandum is intended to clarify procedures, describe criteria for approval and answer questions concerning Family Court orders for handicapped children below the age of five.

Currently, the Office for Education of Children with Handicapping Conditions is responsible for administering the approval of Family Court orders under section 200.11 of the Commissioner's Regulations pursuant to section 4406 of the Education Law. The following guide outlines the basic steps involved in the process:

GUIDE FOR PETITIONING THE FAMILY COURT FOR TUITION, TRANSPORTATION AND MAINTENANCE COSTS FOR HANDICAPPED PRESCHOOLERS

1. *A new form, HC-2-1 has been developed that will replace the HC-2 and HC-3 forms currently being used. All information necessary for petitioning the Family Court is included on the new HC-2-1 form. Copies may be obtained from the Bureau of Special Program Review, State Education Department, Education Building Annex, Room 465, Albany, New York 12234.*

2. *Using the new form, parents petition the Family Court by filing the petition with the Family Court in their county of residence.*

3. *Children handicapped because of physical, mental, emotional reasons, having severe speech and language impairments, autism or specific learning disabilities as defined in the Commissioner's Regulations are eligible for tuition, transportation and maintenance costs. A school psychologist and physician must certify the child's handicapping condition on the HC-2-1 form.*

4. The superintendent of the school district in which the child resides should also sign the HC-2-1 form.

5. A copy of the HC-2-1 form is sent to the Bureau of Special Program Review, State Education Department, Education Building Annex, Room 465, Albany, New York 12234. (Check with the Family Court in your area to see who should forward the copy.)

6. The State Education Department then conducts an individual review of the program for each child to insure that the program is providing the appropriate services as outlined in an Individualized Education Program.

7. After an appropriate review, a letter of prior approval/disapproval is sent to the Court with copies to the school district, service provider and parent.

8. If the Family Court Judge issues the court order (HC-4), it is then sent to the State Education Department.

9. After receiving the court order, the State Education Department will review the program and upon approval a certificate of approval (HC-5) is sent to the clerk of the Board of Supervisors' with copies to the Family Court, school superintendent, service provider, carrier, etc.

10. The vendors or agency providing services should then contact the County Board of Supervisors for information regarding the process of reimbursement.

SUGGESTIONS TO PREVENT DELAYS

1. File petitions promptly. This can be done before a child is enrolled in order to insure adequate time for processing. Waiting until the child has been attending for several months may unnecessarily delay payment to service providers.

2. Make sure all forms are completely filled out with all the necessary information, otherwise this will delay processing of the petition.

3. Each Family Court may have different procedures and guidelines to follow. Check with the Family Court in your county so that you are aware of these procedures.

Over the past few months there have been numerous requests from parents and programs concerning the criteria used by the State Education Department for approval of Family Court orders and petitions for preschool handicapped children.

In an attempt to insure quality services and programs for young handicapped children, the Office for Education of Children with Handicapping Conditions has established criteria for approval of Family Court orders that will apply to all Family Court orders for handicapped children below the age of five effective September 1, 1979:

CRITERIA FOR PRIOR APPROVAL FOR FAMILY COURT PETITIONS FOR HANDICAPPED CHILDREN BELOW THE AGE OF FIVE

The following procedures must be followed for each handicapped preschool child before prior approval can be recommended to the Family Court Judge by the State Education Department:

Handicapping Condition

Children should be identified by a physician, psychologist and other appropriate professionals certified in the area most relevant to the child's handicapping condition. Wherever possible, it is encouraged that children be reviewed by the local Committee on the Handicapped in the district of residence. Children handicapped because of physical, mental, emotional reasons, having severe speech and language impairments, autism or specific learning disabilities as defined in the Commissioner's Regulations will be eligible.

Date of Birth

Preschool children identified as handicapped are eligible if they are between the ages of birth and five years and are not eligible to attend a public school program because of age. A child is eligible to attend a public school program during a school year if his fifth birthday occurs on or before the first of December of such school year.

Tuition/Transportation/Maintenance Costs

Costs must be specifically intended for the expenses for special education services for the individual handicapped child and must be comparable to local costs for similar services provided to school age handicapped children. Rates will be subject to review by the State Education Department.

Program Requirements

Programs - staffing, certification, class size and services will be reviewed on an individual basis according to the specific needs of the handicapped child identified on the petition. The following minimum requirements are necessary before approval can be granted:

- *IEP - An IEP must be developed for each child in a planning conference in accordance with the Commissioner's Regulations, no later than 30 school days after entry into the preschool program. Instructional and remedial services should be provided promptly following the development of the IEP and reviewed periodically.*

- *Certification - All teachers providing special education services must be certified in the appropriate area(s) of special education.*

- *Related Services - Must be provided by appropriately certified or licensed specialists (eg. speech therapy be a speech therapists, physical therapy by a physical therapist, etc.) for children who require such services.*

- *Least Restrictive Environment - Each child should be educated in a setting that is closest to his/her district of residence and with non-handicapped children whenever possible.*

- *Length of Day - Classroom programs must be available to the child at least a half day (2½ hours), five days per week. Exceptions regarding frequency of attendance will be reviewed on an individual basis upon receipt of supporting information from the local Committee on the Handicapped or the physician, psychologist, parents and appropriate specialists. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs of the child.*

-Home-Based Infant (birth to 2) Programs - Special education services must be offered a minimum of two contact hours per week. Related services should be provided in addition to the minimum. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs of the child.

Additional Recommendations

General information concerning curricula, staff/pupil ratio, parent involvement and support staff should be readily available. The local Committee on the Handicapped in the district of residence should be notified of each child (0-5) identified. Programs are encouraged to have the local Committee on the Handicapped review each child's placement. Programs must follow the immunization guidelines set up by the New York State Department of Health (see IMMUNIZATION: A HANDBOOK FOR SCHOOLS 1978-1979 available from Division of School Health and Pupil Services, State Education Department). Programs must follow health and safety requirements established by the State Education Department.

The process of petitioning the Family Court is often time consuming and confusing. In an attempt to clarify some of the confusion that is inherent in the process, the following Questions and Answers have been developed which reflect questions most frequently asked by parents and professionals:

QUESTIONS AND ANSWERS CONCERNING FAMILY COURT PETITIONS FOR HANDICAPPED CHILDREN BELOW THE AGE OF FIVE

Q. What is the purpose of the Family Court Act (Section 236) regarding young handicapped children?

A. This section of the Family Court Act is designed to provide payment for tuition, transportation and/or maintenance costs for handicapped children who are not old enough to attend public school programs.

Q. What is the basic process for petitioning the Family Court?

A. First, parents file a written petition HC-2-1 with the Family Court requesting that the Court issue an order requiring that special education services be provided for the child. If the Judge issues an order it is forwarded to the State Education Department. If approved by the State Education Department, a certificate of approval for State Aid (HC-5) is issued and vendors may bill the child's county of residence which in turn bills the State of New York for 50% reimbursement.

Q. Who may petition the Family Court?

A. Parents or legal guardians may petition the Family Court by filing a petition with the Family Court in their county of residence.

Q. What types of public funding can be requested through the Family Court and for what types of services?

A. Tuition (including related services), transportation and maintenance costs for special education services.

Q. Do parents have to pay any part of educational and related services needed for their handicapped preschooler?

A. No, they should petition for the actual costs of special education and related services through the Family Court for children below the age of five.

Q. What is the school district's responsibility?

A. The school superintendent signs the HC-2-1form recommending approval of the petition. This should be forwarded to the Family Court.

Q. Who determines whether a child is handicapped?

A. A physician and school psychologist must verify the child's handicapping condition on the petition.

Q. How does the State Education Department review Family Court petitions?

A. A review of the petition is conducted to determine the child's eligibility as a handicapped child below the age of five. The program is then reviewed to insure that appropriate services are being provided as outlined in an Individualized Education Program. After appropriate review of a petition or order, a letter of approval/disapproval is sent to the Family Court with copies to the school district, program and parents.

Q. How is the service provider paid?

A. The service provider is paid by the county upon completion of all required forms. Check with the County Board of Supervisors for information regarding the process of reimbursement.

Q. What happens if a Family Court Judge does not approve a petition?

A. The parents and/or representative of the program should request from the Family Court the reasons for not approving the petition. Often forms are not filled out properly, information has not been received by the Family Court, or forms are not complete. Parents should work closely with the Family Court to insure that all necessary information has been submitted. If a judge issues an order dismissing the petition, this order may then be appealed to the Appellate Division of State Supreme Court.

Q. What happens if a Family Court Judge issues an order and then the State Education Department disapproves reimbursement of 50 percent of the costs?

A. The county would be responsible for 100 percent of the ordered costs.

If you have any questions or difficulties with the Family Court process, contact the Early Childhood Direction Center nearest you or the Bureau of Program Development at (518) 474-5804.

APPROVAL OF FAMILY COURT PETITIONS FOR PRESCHOOL HANDICAPPED CHILDREN

The Office for Education of Children with Handicapping Conditions is currently responsible for administering the approval of Family Court orders for handicapped children below five years of age. The Family Court petitions and orders for preschool children below five with handicapping conditions are submitted to the Bureau of Special Program Review. Each petition is reviewed on an individual basis according to the specific needs of the handicapped child identified on the petition or order. Since preschool special education programs are not currently mandated under Part 200 of the Regulations of the Commissioner, schools or agencies with programs serving handicapped children below the age of five may not apply for approval as an approved school program through the State Education Department.

Minimum criteria for approval of individual petitions has been established by the State Education Department and no Family Court petition or order will be approved for reimbursement, unless the agency or program meets the minimum criteria. These criteria include the following:

- Individualized Education Program - An IEP must be developed for each child in a planning conference in accordance with the Commissioner's Regulations, no later than 30 school days after entry into the preschool program. Instructional and remedial services should be provided promptly following the development of the IEP and reviewed periodically.
- Certification - All teachers providing special education services must be certified in the appropriate area(s) of special education related to the children's needs based on comprehensive assessment.
- Related Services - Related services must be provided by appropriately certified or licensed specialists (e.g. remedial speech instruction by a certified teacher of the speech and hearing handicapped or licensed speech pathologist, physical therapy by a licensed physical therapist, etc.) to children who require such services.
- Least Restrictive Environment - Each child should be educated in a setting that is closest to his/her district of residence and with nonhandicapped children whenever possible.
- Length of Day - Classroom programs must be available to the child at least a half day (2½ hours), five days per week. Exceptions regarding frequency of attendance will be reviewed on an individual basis upon receipt of supporting information from the local Committee on the Handicapped or the physician, psychologist, parents and appropriate specialists. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs and tolerance of the child.
- Home-Based Infant (birth to 2) Programs - Special education services must be offered a minimum of two contact hours per week. Related services should be provided in addition to the minimum. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs and tolerance of the child.

Supporting information, for children attending less than five days per week, 2½ hours per day, should explain that:

> Although the program is available a half day (2½ hours), five days per week, the frequency of attendance is based upon the child's individual needs.

Supporting documentation must be signed by the parents, physician, psychologist, and other appropriate specialists or the COH chairperson and other participants in the IEP planning conference.

No Family Court petition or order will be approved for reimbursement by the State Education Department unless the agency or program assures that each child's program meets the minimum criteria. Separate petitions for the school year and summer programs are required.

Petitions can be obtained by contacting:

New York State Education Department
Bureau of Special Program Review
Education Building Annex - Room 465
Albany, New York 12234

APPENDIX D

I WOULD LIKE TO THANK YOU FOR THE OPPORTUNITY TO ADDRESS YOU ON AN ISSUE WHICH I THINK IS VITAL TO THE IMPROVEMENT OF EDUCATIONAL SERVICES TO HANDICAPPED CHILDREN IN OUR STATE. I AM SPECIFICALLY REFERRING TO THE REGENTS SPONSORED LEGISLATION, WHICH DEALS WITH THE REMOVAL OF FAMILY COURT FROM THE PROVISION OF INSTRUCTIONAL SERVICES TO HANDICAPPED CHILDREN.

THE REGENTS LEGISLATIVE PROPOSAL ATTEMPTS TO SOLVE ONE OF THE GREATEST INJUSTICES IN OUR STATE LAW CONCERNING THE EDUCATION OF PUPILS WITH HANDICAPPING CONDITIONS. CURRENTLY, IF A PARENT OF A HANDICAPPED CHILD BELOW THE AGE OF FIVE BELIEVES THAT HIS/HER CHILD IS IN NEED OF SPECIAL EDUCATIONAL SERVICES, HE/SHE CAN RECEIVE FINANCIAL SUPPORT FOR THESE EDUCATIONAL SERVICES BY PETITIONING FAMILY COURT. ALSO, PARENTS OF SCHOOL AGE HANDICAPPED CHILDREN WHO BELIEVE THAT THEIR CHILDREN ARE SO SEVERELY HANDICAPPED THAT THEY NEED CONTINUOUS SCHOOLING THROUGH THE SUMMER MONTHS, CAN PETITION THE FAMILY COURT FOR EDUCATIONAL SERVICES THROUGH JULY AND AUGUST. IF THE FAMILY COURT JUDGE ISSUES AN ORDER, THESE PROGRAMS ARE SUPPORTED THROUGH 50 PERCENT STATE FUNDS AND 50 PERCENT COUNTY FUNDS. HOWEVER, THERE ARE SERIOUS PROBLEMS WITH THIS SYSTEM. FIRST, LET ME ADDRESS THE GENERAL PROBLEMS OF THE CURRENT SYSTEM. THE PROCESS FOR OBTAINING EDUCATIONAL SERVICES THROUGH THE FAMILY COURT AS IT NOW EXISTS IS CUMBERSOME, TIME CONSUMING, BUREAUCRATIC, AND LACKS

A LOGICAL SYSTEM FOR ASSURING QUALITY STANDARDS FOR PROGRAMS. THE SYSTEM REQUIRES DECISIONS CONCERNING IDENTIFICATION OF HANDICAPS, EDUCATIONAL NEEDS AND PROGRAM VALIDITY TO BE MADE BY THE COURTS. CERTAINLY, THIS IS NOT THE NORMAL FUNCTION FOR THE FAMILY COURT. IT IS BECOMING INCREASINGLY BURDENSOME TO THAT SYSTEM. ON THE OTHER HAND, THE PROCESS CAN BE HUMILIATING TO THE PARENTS OF THESE CHILDREN AND PLACES AN ENORMOUS BURDEN ON THEM. IN THE CASE OF THE PRESCHOOL CHILD, THE PARENT'S FIRST EXPERIENCE WITH EDUCATIONAL PROGRAMS AND SERVICES TAKES PLACE THROUGH THE COURT SYSTEM. THE PARENT IS EXPECTED TO INITIATE THE DETERMINATION OF NEED, LOCATE AN APPROPRIATE PROGRAM, FIND THE NECESSARY TRANSPORTATION TO THAT PROGRAM AND OBTAIN ALL DIAGNOSTIC EVALUATION INFORMATION PRIOR TO PETITIONING THE COURT. IN ADDITION, THEY MUST CONTACT THE LOCAL SCHOOL SYSTEM ADMINISTRATION TO GET APPROPRIATE SIGNATURES ON THEIR PETITION. THIS PROCESS IS EXTREMELY DIFFICULT FOR THE RESOURCEFUL PARENT. IT IS PRACTICALLY IMPOSSIBLE FOR THE PARENT WHO LACKS THE FINANCIAL RESOURCES OR THE SOPHISTICATION TO ACCESS A VERY COMPLEX BUREAUCRATIC SYSTEM. IN FACT, IT DISCOURAGES PARENTS WHO MOST NEED THE ASSISTANCE AND IGNORES PARENTS WHO MAY NOT HAVE THE CAPABILITY OF DETERMINING THAT THEIR CHILD, IN FACT, HAS A PROBLEM. IN MANY INSTANCES, IN ORDER FOR PARENTS TO BE SUCCESSFUL IN OBTAINING SUPPORT THROUGH THIS SYSTEM, THEY MUST OBTAIN LEGAL ASSISTANCE. AGAIN, PARENTS WHO LACK FINANCIAL RESOURCES OR WHO ARE INTIMIDATED BY THE LEGAL SYSTEM WILL MOST LIKELY NOT BE SUCCESSFUL.

PERHAPS A GREATER INJUSTICE BUILT INTO THIS PROCESS IS THAT IT IS NOT ACCESSIBLE ON AN EQUAL BASIS TO ALL CITIZENS OF OUR STATE. HISTORICALLY, CERTAIN COUNTIES HAVE BEEN UNWILLING TO PARTICIPATE IN THIS PROGRAM EVEN THOUGH THE LAW CLEARLY STATES THAT THESE SERVICES SHOULD BE PROVIDED TO THOSE CHILDREN IN NEED OF THEM. IN FACT, SOME COUNTIES HAVE DISCOURAGED PARENTS FROM USING THE SYSTEM; TO THE POINT THAT, UNTIL JUST ONLY TWO YEARS AGO, THERE WERE SOME COUNTIES WHICH HAD NO CHILDREN AND MANY WHICH HAD FEW CHILDREN RECEIVING SERVICES THROUGH THIS PROVISION OF LAW. TO COMPOUND THIS PROBLEM, EACH FAMILY COURT IN THIS STATE HAS THE DISCRETION TO ESTABLISH ITS OWN PROCEDURES FOR PROCESSING PETITIONS. THEREFORE, THERE IS NO CONSISTENCY OR LOGICAL PATTERN FOR PURSUING EDUCATIONAL SERVICES THROUGH FAMILY COURT. IN FACT, SOME COUNTIES REQUIRE PARENTS TO APPEAR WITH THEIR CHILDREN IN COURT IN EACH CASE. IT IS UNCONSCIONABLE THAT PROVISIONS AND RESOURCES OF A STATE LAW ARE NOT AVAILABLE TO ALL APPROPRIATE CITIZENS. IT IS DEPLORABLE THAT GEOGRAPHIC LOCATIONS AND SOCIO-ECONOMIC LEVELS DETERMINE WHETHER OR NOT YOU CAN RECEIVE LEGISLATED PROGRAMS FOR YOUR CHILD WHO MIGHT BE HANDICAPPED.

A THIRD MAJOR PROBLEM THAT THE REGENTS PROPOSAL ADDRESSES IS THE ISSUE OF STANDARDS OF QUALITY FOR THE PRESCHOOL AND SUMMER SCHOOL PROGRAMS FOR HANDICAPPED CHILDREN. CURRENTLY, SINCE THERE IS CONFUSION REGARDING AUTHORITY AND RESPONSIBILITY WITHIN THE EDUCATIONAL SYSTEM FOR THIS PROGRAM, THERE ARE NO REAL EFFECTIVE CONTROLS

OVER STANDARDS FOR PROGRAM SERVICES AND THE COSTS OF PROGRAMS. THEREFORE, CHILDREN COULD BE AND, IN FACT, ARE RECEIVING EDUCATIONAL SERVICES FROM UNQUALIFIED STAFF IN INADEQUATE SETTINGS WITH LITTLE OR NO EVALUATION OF THE APPROPRIATENESS OR SUCCESS OF THE EDUCATIONAL SERVICES. AT THE SAME TIME, COSTS FOR A SIMILAR SUMMER PROGRAM IN DIFFERENT LOCATIONS VARY FROM VERY MINIMAL COSTS TO EXCESSIVE RATES. TRANSPORTATION COSTS ARE ALSO VARIED, FROM MODEST TO EXCESSIVE. THE STATE EDUCATION DEPARTMENT REVIEWS ALL PETITIONS IT RECEIVES FROM FAMILY COURTS FOR PREAPPROVAL PURPOSES. HOWEVER, BECAUSE THERE IS LITTLE CLEAR AUTHORITY FOR DEPARTMENT PROGRAM CONTROL, IT CAN ONLY PROVIDE A PAPER REVIEW OF PROGRAM OFFERINGS AND MAKE RECOMMENDATIONS TO FAMILY COURTS. THERE IS NO REQUIREMENT THAT THE FAMILY COURT FOLLOW ITS RECOMMENDATIONS. IN MANY CASES, THIS REVIEW OCCURS AFTER THE CHILD HAS ALREADY BEEN PLACED IN THE PROGRAM. IN OTHER CASES, BECAUSE OF THE LENGTHY, BUREAUCRATIC PROCESS NECESSITATED BY THE SYSTEM, THE CHILD IS DENIED SERVICES UNTIL ALL REVIEWS ARE COMPLETE. THEREFORE, THERE ARE INSTANCES WHERE THE CHILD IS LONGER ELIGIBLE FOR THE SERVICES BY THE TIME THE SERVICES ARE APPROVED. WHILE THE STATE EDUCATION DEPARTMENT HAS ATTEMPTED TO APPLY PROGRAM STANDARDS, IT CANNOT INSURE QUALITY OR EQUAL ACCESSIBILITY UNDER CURRENT LAW. ANOTHER EXAMPLE OF THE INEFFECTIVENESS OF THE SYSTEM IS THAT A FAMILY OF A CHILD WHO HAS BEEN PLACED IN A FACILITY WHICH PROVIDES 12-MONTH

CARE MUST PETITION THE FAMILY COURT TO HAVE THE 12-MONTH EDUCATIONAL SERVICES CONTINUED FOR JULY AND AUGUST; EVEN THOUGH THE CHILD IS SO SEVERELY HANDICAPPED THAT THERE IS NO QUESTION THAT A 12-MONTH EDUCATIONAL PROGRAM IS ESSENTIAL. MANY COURT CASES THROUGHOUT THE COUNTRY HAVE RULED, FOR SEVERELY HANDICAPPED CHILDREN, THEIR EDUCATIONAL PROGRAM SHOULD BE BASED ON INDIVIDUAL NEEDS AND NOT ON A 180-DAY SCHOOL YEAR LIMITATION. THESE COURT CASES SHOW CLEARLY THE DIRECTION IN WHICH THE INDIVIDUALIZED NATURE OF EDUCATION FOR THE HANDICAPPED IS BEING INTERPRETED. HOPEFULLY, NEW YORK STATE WILL NOT WAIT FOR THE COURTS TO INTERPRET OUR EDUCATIONAL RESPONSIBILITIES, BUT INSTEAD WILL TAKE THE LEAD IN THESE AREAS.

TO THIS POINT, I HAVE ADDRESSED THE PROBLEMS WITH THE CURRENT SYSTEM. I HAVE NOT MENTIONED THE FACT THAT IT IS WELL RESEARCHED AND DOCUMENTED THAT HANDICAPPED CHILDREN, PARTICULARLY THOSE WHO HAVE MORE SEVERE HANDICAPS, MUST HAVE EARLY INTERVENTION IN ORDER TO REACH THEIR FULL POTENTIAL. NEW YORK STATE HAS ALREADY EXPRESSED ITS BELIEF IN THIS CONCEPT BY ESTABLISHING THE FAMILY COURT ACT. WHAT NEW YORK STATE MUST NOW DO IS ALLOW THE PROGRAMS, WHICH IT HAS LEGISLATED UNDER THE FAMILY COURT ACT, TO BE DELIVERED IN A RATIONAL MANNER; INSURING QUALITY AND COST EFFECTIVENESS. THERE ARE THOSE WHO BELIEVE THAT THIS BILL WILL INCREASE THE NUMBER OF CHILDREN ELIGIBLE FOR SERVICES AND LEAD TO A DRAMATIC INCREASE IN COSTS

TO THE EDUCATIONAL SYSTEM. IN FACT, WE BELIEVE THAT THE STATE AND COUNTIES ARE ALREADY APPROPRIATING THE EXPENDITURE LEVELS THAT WOULD BE NEEDED TO SUPPORT THIS LEGISLATION. WE BELIEVE THAT WE WILL BE ABLE TO INSURE REASONABLE PROGRAM COSTS IF THIS LEGISLATION IS ENACTED.

THE REGENTS' PROPOSAL IS DESIGNED TO HELP THOSE CHILDREN WHO NEED EARLY AND CONTINUOUS EDUCATIONAL SERVICES. IT IS FOR THOSE CHILDREN WHO ARE SO SEVERELY HANDICAPPED THAT THEY MUST RECEIVE 12-MONTH EDUCATIONAL PROGRAMS IN ORDER TO MAINTAIN CURRENT LEVELS OF PROGRESS. WE BELIEVE THERE ARE A LIMITED NUMBER OF CHILDREN WHO NEED THIS LEVEL OF SERVICE. HOWEVER, WE ALSO BELIEVE THAT ANY CHILD WHO DOES, SHOULD NOT BE SUBJECTED TO THE PROCEDURES CURRENTLY IN PLACE TO OBTAIN THIS SERVICE.

WE ALSO BELIEVE THAT CHILDREN AT AGE THREE AND FOUR WHO ARE SO HANDICAPPED THAT THEY HAVE SEVERE DELAYS IN AREAS SUCH AS LANGUAGE, OR OBVIOUS PHYSICAL HANDICAPS SUCH AS AUDITORY AND VISUAL DEFICITS, OR WHO ARE SO SEVERELY OR EMOTIONALLY DISTURBED THAT INTERVENTION IS ESSENTIAL, MUST RECEIVE QUALITY EDUCATIONAL SERVICES AT THAT AGE.

IF THIS LEGISLATION IS ENACTED, THE PROBLEMS THAT HAVE BEEN DESCRIBED TO YOU WILL BE RESOLVED. FIRST, THE EDUCATIONAL SYSTEM WILL BE RESPONSIBLE FOR PROVIDING SERVICES TO THREE AND FOUR YEAR HANDICAPPED CHILDREN AND THOSE CHILDREN OF SCHOOL AGE WHO ARE SO SEVERELY HANDICAPPED THAT A 12-MONTH EDUCATION IS ESSENTIAL.

DECISIONS ABOUT EDUCATIONAL NEEDS AND APPROPRIATE PROGRAMS WILL BE MADE BY THOSE PROFESSIONALS WHO SHOULD BE RESPONSIBLE FOR MAKING THOSE DETERMINATIONS; RATHER THAN PLACE THE BURDEN ON PARENTS OR THE FAMILY COURT. AS A RESULT OF THE RESPONSIBILITY BEING GIVEN TO THE EDUCATIONAL SYSTEM AND ULTIMATELY, THE STATE EDUCATION DEPARTMENT, PROCEDURES FOR ASSURING QUALITY PROGRAMS AND COST EFFECTIVE SERVICES WILL BE ESTABLISHED AND IMPLEMENTED. QUESTIONS OF AUTHORITY AND RESPONSIBILITY WILL BE RESOLVED. EFFECTIVE MONITORING CAN BE CONDUCTED.

IT IS PARTICULARLY CRITICAL TO UNDERSTAND THAT THIS LEGISLATION PROPOSES USING THE EXISTING SYSTEM RATHER THAN CREATING ANOTHER SYSTEM. MANY QUALITY PUBLIC AND PRIVATE EDUCATIONAL PROGRAMS FOR PRESCHOOL HANDICAPPED CHILDREN ALREADY EXIST. AS IN THE CASE OF CHILDREN AGES FIVE THROUGH TWENTY-ONE, ALL OF THESE ALTERNATIVE PLACEMENTS WOULD BE AVAILABLE TO CHILDREN. THE FULL CONTINUUM OF SERVICES FROM A PUBLIC SCHOOL PROGRAM WITHIN THE CHILD'S COMMUNITY TO A PRIVATE SCHOOL PLACEMENT WITH INTENSIVE SERVICES WOULD BE AVAILABLE. WE INTEND TO USE THE EXISTING PLACEMENT OPTIONS. HOWEVER, WE INTEND TO USE THEM AS A RESULT OF A BETTER DECISION MAKING PROCESS AND WITH CLEAR AUTHORITY FOR ESTABLISHING STANDARDS AND MONITORING QUALITY AND COST EFFECTIVENESS.

THIS LEGISLATION PROPOSES FULL STATE FUNDING OF THE PRESCHOOL AND SUMMER SCHOOL PROGRAMS. THUS, COUNTIES WILL BE RELIEVED OF THE FINANCIAL BURDEN THEY ARE ENCOUNTERING. ONLY THOSE CHILDREN WHO ARE ELIGIBLE FOR SERVICES AND ONLY THOSE PROGRAMS WHICH PROVIDE APPROPRIATE SERVICES WILL BE SUPPORTED. EXCESSIVE AND EXORBITANT RATES, BOTH IN EDUCATIONAL SERVICES AND TRANSPORTATION, WILL BE ELIMINATED. THIS HAS BECOME A PARTICULAR PROBLEM FOR COUNTIES IN THE PAST TWO YEARS. THE COSTS OF FAMILY COURT PROGRAMS FOR SCHOOL AGE AND SUMMER SCHOOL DURING THE 1980-81 SCHOOL YEAR EXCEEDS $40 MILLION. THIS YEAR IN SOME COUNTIES, THE BUDGETING PROBLEMS CAUSED BY THE INEFFICIENCY OF THE CURRENT SYSTEM HAS REACHED CRISIS PROPORTIONS. THE REGENTS PROPOSAL WILL PROVIDE SAVINGS TO THE TAXPAYER WHILE INSURING QUALITY.

THESE SERVICES WILL BE AVAILABLE TO ALL ELIGIBLE CHILDREN NO MATTER WHERE THEY ARE LOCATED IN THE STATE. PARENTS WILL NOT HAVE TO PURSUE LEGAL ASSISTANCE AND FACE POSSIBLE HUMILIATION IN OBTAINING SERVICES FOR THEIR CHILDREN. SCHOOL DISTRICTS WILL BE ABLE TO PROVIDE INTERVENTION FOR CHILDREN AT THE EARLIEST POSSIBLE MOMENT AND DEVELOP EDUCATIONAL PROGRAMS WHICH ARE COORDINATED TO PROVIDE AN EFFECTIVE CONTINUUM OF SERVICES. MOST IMPORTANTLY, THIS LEGISLATION WILL ENABLE HANDICAPPED CHILDREN CURRENTLY ELIGIBLE FOR SERVICES THROUGH FAMILY COURT TO RECEIVE THE NECESSARY EDUCATIONAL PROGRAMS IN AN EFFICIENT AND TIMELY FASHION WITHOUT UNDUE

DELAY AND WITH ADEQUATE SAFEGUARDS. I IMPLORE YOU TO MAKE EFFORT TO SEE THAT THIS LEGISLATION IS ENACTED SO THAT WE CAN CORRECT THE INEFFICIENCIES DESCRIBED AND PROVIDE NEEDED EDUCATIONAL SERVICES TO HANDICAPPED CHILDREN IN A MORE EFFECTIVE AND EFFICIENT MANNER.

APPENDIX E

Commissioner Gordon Ambach

December 1, 1980

Robert R. Spillane

Public Hearings sponsored by the New York State Council on Children and Families regarding needs of disabled children birth to five

As you are aware, the Council on Children and Families has conducted three public hearings (New York City, Buffalo and Albany) on the needs of disabled children birth to five. The purpose of these hearings was for the Council to obtain information from various interest groups to assist them in developing their legislative proposals relating to disabled children birth to five for the upcoming legislative session. Testimony on your behalf, supporting the Regent's bill was, introduced at each of the public hearings. Lou Grumet presented testimony at the Albany hearing, Michael Plotzker presented the prepared testimony in Buffalo and the prepared testimony was presented in written form at the New York City hearing.

Representatives of public and private service providers, county legislative groups, parents, advocacy groups, physicians and other State offices presented testimony. These participants (participant schedule attached) with few exceptions, testified that the current system of petitioning for services through the Family Court was poor. A variety of alternatives to this system were proposed in addition to suggestions regarding provision of a full continuum of services to this population. In general support for the Regent's legislative proposal was received from county legislators and county personnel (for example, Westchester, Orange and Saratoga counties and the New York State Association of Counties). There were some differences however in the schedule and timelines for full State funding as proposed in the Regent's bill. For example, the Saratoga county administrators proposed full State funding beginning year one, the Orange county representative proposed 50% State funding and 50% local funding during year one, 75% State funding and 25% county funds for year two, and full State funding during year three. The State Association of Counties representative, unofficially, felt that counties would support a four year phase-in (state and county funding) toward full State funding. Other support for the Regent's legislation was received from some public and private agencies. They supported mandating districts to provide services for handicapped children beginning at age three, however, these agencies expressed a need for clarification of definitions for this population. Representatives of Nassau BOCES supported mandated programs for handicapped children at age three, however expressed the desire to have these programs funded under State excess cost formula.

Interesting testimony was presented by a representative of the New York State School Boards Association. It appears that the membership of the School Boards Association are opposed to concepts supported in the Regent's bill. They are opposed to this proposal since they have a position of opposition to any programs which are fully State-funded, since they interpret this as a loss of control at the local level. They are opposed to a new mandate for local districts. They feel that the Committees on the Handicapped are already overburdened and unable to keep up with the current workload. Until this situation is resolved, they believe it is inadvisable to expand services to a new population which would place an increased amount of responsibility on the already burdened committees.

The Association also believes that the ambiguity of the term, "Developmentally Delayed" would lead to potential litigation.

Lastly, they believe that there are many indirect costs involved which would not be reflected even in full State-funding, which they believe is itself highly variable. Such things as wear and tear on equipment, including buses, as well as manpower issues (they anticipate teacher unions would want additional contract benefits as a result of this legislation). It appears they would like to investigate how the current system through the Family Court could be improved. They were not able to offer specific suggestions.

The following is a representative sampling of comments, recommendations and concerns which testifiers expressed:

- Handicapped children ages birth to two years should be included with any legislation for three to five year old handicapped children so that all funding for this population would be under the same mechanism,

- The need to train physicians and medical personnel in screening evaluation and identification,

- The need for legislation reflecting comprehensive diagnostic screening and evaluations,

- The inclusion of children labelled "at-risk" as well as handicapped in any legislation,

- The establishment of a Regional Committee on the Handicapped for preschool handicapped children,
- Development of new definitions and guidelines specific to the birth to five handicapped populations,
- Establishment of either regional or central service agencies with appropriate mechanisms, that would be responsible for provision of services for this population,
- Expansion of Early Childhood Direction Centers to provide centralized diagnostic services,
- Provide specific certification for special education teachers of handicapped children ages birth to five,
- Legislation should reflect provision of family services,
- Insuring utilization of all agencies providing services to this population should be included in preparation of legislation,
- Provision for appropriate transportation services for this population,
- Establish mechanism for insuring program standards and program auditing,
- Flexibility in determining the number of days and hours of programs for preschool handicapped children as well as program standards,
- Methods need to be established for fully funding disabled children in settings such as day care centers, Head Start programs and Pre-kindergarten programs,
- Utilize strengths of private agencies already in existence.
- Any legislation should consider services necessary for specific populations (hearing impaired, emotionally disabled, etc.).

At each hearing, a panel of representatives of various State agencies asked questions of many of the testifiers. The panel was chaired by Ilene Margolin, Executive Director, Council on Children and Families. It appeared to observers that the Council seemed to be concerned about the involvement of other State agencies with this birth to five population, in addition to

the State Education Department. Observers had the impression that these other agencies may have been concerned about their role should the Regent's proposal be implemented. Too, there appeared to be more of a medical orientation when either the panel or presenters discussed the birth to two population. Observers have the impression that the Council was looking toward preparation of legislation which would involve the resources of a variety of State agencies.

Department staff will be receiving complete transcripts of each of the hearings, which will be forwarded to your Office.

Attachments

APPENDIX F

	FLEET 'S BILL	BIRTH TO FIVE BILL
Definitions	Child between the ages of three and five years will be considered as a handicapped child if he is developmentally delayed, defined in accordance with the Commissioner's regulations, to such a degree that special services or programs are needed to be provided at age three and four to benefit from a school program at age five.	Child over age of three and under the age of five; having a substantial and chronic disabling condition which is attributed to an intellectual, emotional, or physical problem . . . or a physical impairment . . . or is attributable to any other condition whose symptoms are similar to conditions listed above; who demonstrates or is at high risk of developing, prior to age of five, substantial functional deficits in one of the following life function areas: self care, communication, learning and physical and motor functions; and thereby requires ongoing medical, habilitative, and/or educational services. (Combination of a number of disability definitions, i.e. New York State and Federal Developmental Disability Act definition and portion of SSI definition. At risk seems to open services to any child.)
Screening	Not thoroughly addressed	Would be conducted by Diagnostic and Evaluation Centers, which would be facilities established and approved by the Commissioner of the Office of Mental Retardation and Developmental Disabilities (OMR/DD). The OMR/DD Commissioner, in consultation with the Commissioner of Health, would establish standards for governing public funding of such centers. (Establishes parallel system with functions already available under existing system, which attempts coordination of existing funding)

	REGENTS' BILL	BIRTH TO FIVE BILL
Entry into System	Through Education Department, through downward extension of educational system currently in place for handicapped children ages five to twenty-one, for special education services.(Utilizes existing system)	Through the Office of Mental Retardation and Developmental Disabilities to be determined pursuant to Mental Hygiene Law for educational, medical and habilitation services. (Requires establishment of new system)
Referral	Would utilize existing referral system such as Early Childhood Direction Centers, health curriculums, professionals, parents, social service agencies. (Utilizes existing system)	Primary Care Coordinators would be established to assist families in obtaining and coordinating various medical, educational,and other services. They will also Apply with parents to COH. (Creates another system seemingly parallel to existing mechanism. Additional funding would need to be available. Unclear how this person will function in educational decisions.
Evaluation and Recommendation of Services	Upon referral, Committee on the Handicapped would be responsible for reviewing existing information, making decisions regarding additional testing, conducting of evaluation (upon parental consent) determining if child has a handicapping condition, meetings with parents to discuss findings and if eligible recommend educational programs and related services to be delivered. This would be forwarded to the Board of Education. This is the beginning of the development of the IEP. (Consistent with procedures currently in place for school age handicapped children. Builds upon an existing system.)	Diagnostic and Evaluation Centers would be established which would be responsible for receiving referrals, reviewing existing information, performing diagnostic and evaluation services, making a deterimination of whether or not the child is disabled, conduct interdisciplinary team conferences with parents and preparing recommended service plan. Parent and Primary Care Coordinator then apply to COH to obtain educational services and related medical and habilitative services. Committee on the Handicapped would select program based on plan from Diagnostic and Evaluation Center. Funding for medical and habilitative services would be available from Office of Mental Retardation and Developmental Disabilities and health system through interagency agreements. School districts would be authorized to establish special Committees on the Handicapped for preschool handicapped disabled children. (This appears to propose establishment and utilization of a new system, Diagnostic and Evaluation Centers, which would appear to duplicate responsibility

(continued)

	REGENTS' BILL	BIRTH TO FIVE BILL
Evaluation and Recommendation of Services		of the Committee on the Handicapped. This appears confusing, since the Committee on the Handicapped would consider the child in accordance with current regulations even though there would already be an existing interdisciplinary evaluation. Service plans would appear to somewhat duplicate the IEP to be developed and further confuse the issue.)
Continuum of Services	Provides for educational opportunities from special services and programs to include but not limited to transportation and special services and programs as listed in Subdivision 2 of Section 4401. (Commissioner's Regulations would detail amount of services)	Special education services to be provided under proposed section 4408 would include transitional support services, resource rooms, and itinerant teachers and other professionals, part-time classes, full-time classes, to be determined by the Committee on the Handicapped based on a recommended treatment plan. Medical and habilitative services, when separate would be provided by appropriate agencies, under the responsibility of the Office of Mental Retardation and Developmental Disabilities. (One questions if transitional support services would be appropriate for children ages three and four. Again, functions of COH are confused due to development of prior treatment plan.)

	REGENTS' BILL	BIRTH TO FIVE BILL
...n of Services ...tinued)		
...ess	Due process procedures currently in place for school age children receiving special education programs would be in place for handicapped children receiving special education programs beginning at age three, including all time factors. Parents could appeal any decision in accordance with established procedures for parents of school aged handicapped children. (Builds upon existing procedures for due process, which has demonstrated its ability to be effective)	Commissioner of the Office of Mental Retardation and Development Disabilities will develop due process procedures to assure that parents may receive a second opinion if they are dissatisfied with diagnostic and evaluation services. If parents are dissatisfied with medical or habilitative services selected, the Commissioner of the Office of Mental Retardation and Developmental Disabilities shall provide for an informal appeal, with resolution within 30 days. If resolution regarding such medical and habilitative services cannot be reached, an impartial hearing officer would be appointed, with any subsequent appeals, if needed, being made to the Commissioner. For special education programs, boards of education would notify the Commissioner of Education of the program selected for each child. He would then approve, disapprove or modify such selection within 30 days. It is stated that appeal procedures for parents would be governed by procedures in place for school age handicapped. (It appears that although due process procedures would be in place as for school age handicapped for the 3-5 population, it would seem more complicated and cumbersome especially in light of different system for appealing of Diagnostic and Evaluation services yet undefined. One is unsure of why the Board of Education would notify the Commissioner and how this would impact on due process.)

	REGENTS' BILL	BIRTH TO FIVE BILL
Funding for Services	The bill provides for total reimbursement of school district expenditures for special education services and programs for handicapped children 3-5 as defined by the commissioner and approved by the director of the budget. Except during year one, 25% reimbursement by county. (Eliminates current local tax burden on counties, would not require any expenses on part of the district and requires no payment by parents.)	State monies would be appropriated to reimburse Diagnostic and Evaluation Centers for services for 3-5 year old students according tc established fees by the Commissioner of the Office of Mental Retardation and Developmental Disabilities and approved by the director of the budget. Counties would reimburse the state for 25% of fees for Diagnostic and Evaluation Services. State funds may be appropriated by the legislature or federal funds made available to the Commissioner of the Office of Mental Retardation and Developmental Disabilities for purposes of funding Primary Care Coordinators. The Commissioner of the Office of Mental Retardation and Developmental Disabilities will adopt regulations to provide for payment of state funds for medical and habilitative services. For handicapped ages 3-5 receiving such services as a component of a special education program, the State Education Department will pay amount of funds required from monies appropriated for such a purpose. The county would reimburse the state for 25% of the fees paid for the costs of these services The Commissioner of Education will annually determine fees for educational services for each type of program or services, subject to approval of budget director. Legislature shall appropriate amount sufficient for payment. Budget director would annually request designation of federal or other funds to offset all or part of cost.

		(Counties would be responsible for [illegible] of costs for diagnostic and evaluative services and medical and habilitative services, thereby increasing local tax burden. Although state would pick up total costs of education services, designation of federal funds to offset costs would n significantly impact on other programs and purposes behind such monies. The ability to designate federal dollars is not defined in law.)
Transportation	Would be provided by local education agencies to handicapped children ages 3 and 4 being served under Regent's bill. Costs would be 100% reimbursed to districts as a part of approved expenditures for special services and programs to this population.	Boards of Education would provide transportation for special services or programs for handicapped children ages three and four being served under the proposal, including those receiving educational services and medical and habilitative services and those receiving only medical and habilitative servcies. Each school would be apportioned 100% of its approved transportation expense for the base year pursuant to this three and four year old population, as outlined in section 4408. Apportionments for following years will be based upon estimated expenditures.

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	REGENTS' BILL	BIRTH TO FIVE BILL
Summer School	Would mandate districts to provide services or programs during July and August, upon recommendation of the Committee on the Handicapped and prior approval of the commissioner, to handicapped children beginning at age three who are so handicapped as to require a structured learning environment of twelve months duration to maintain developmental levels and prevent regression. Districts would be reimbursed for 100% of district expenditures including transportation for such programs. (Existing systems would be extended to serve those students of a severe nature requiring services during the summer. Local tax burdens through county expenditures would be eliminated.	Family Court would remain responsbile for those children receiving summer school programs. (Would continue local tax burden on counties and continue use of a system which is inefficient, not equally accessible, burdening and bureaucratic.

GOVERNOR'S CONFERENCE FOR THE PREVENTION OF DEVELOPMENTAL DISABILITIES AND INFANT MORTALITY

Prevention Plan

Preliminary Report

EXECUTIVE SUMMARY

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STATE OF NEW YORK
MAY, 1981

PREFACE TO THE PRELIMINARY PREVENTION ACTION PLAN

The Governor's Conference for the Prevention of Developmental Disabilities and Infant Mortality is a year-long effort to develop a Plan of Action to decrease developmental disabilities and infant death by applying what is already known about prevention to better advantage. The Conference has drawn together data which relate to the problems under discussion. Through January, February, and March of this year, the five committees of the Conference worked to prepare recommendations based on the individual committee's charge. These Committee reports were accepted by the plenary session of the Governor's Conference on April 9, 1981. This document contains the background material and the five committee reports.

The purpose of issuing the report in this form is to acquaint the citizens of the state with the process of the Conference as reflected in the individual reports. The Executive Summary identifies five themes presented in the individual reports and lists all the recommendations. The scope of the Conference concern is broad and thus there are many recommendations, a number of which are duplicative.

This preliminary report is issued to prepare people for the public meetings which will be held in Albany, Binghamton, Buffalo, New York City, and Plattsburgh during June, 1981. It is hoped that this Preliminary Prevention Action Plan will be read attentively and that those who are concerned about our children and their well being will become a part of the Conference process by participation at the public meetings.

After the meetings the responses to the preliminary plan will be evaluated and with the Committee reports, synthesized into a document which will be offered to Governor Carey and which will serve as a guide for him, for the legislature, and for agencies which administer services and programs.

EXECUTIVE SUMMARY

By Executive Order #104 issued in December 1980, Governor Hugh L. Carey established the New York State Governor's Conference for the Prevention of Developmental Disabilities and Infant Mortality. The Conference was charged with developing a Prevention Action Plan to serve as an advisory and resource document to assist the Legislature, State agencies, health, education, and social service providers in the work of reducing preventable deaths and disabilities and optimizing growth and development of children from birth to five years of age. According to the Governor's 1981 State of the Health Message, the Plan "will guide State agencies and others in the development of specific programs in family planning, prenatl care, well-child services, nutrition, genetic screening and counseling, and early intervention services."

Conferees were appointed by the Governor, and include Commissioners of eleven State health and human service agencies, and a geographical cross-section of people interested in prevention. Five committees were developed (prenatal, infancy, preschool, families, and information and training) to address the issues related to developmental disabilities and infant mortality. During their meetings in the early part of 1981, the committees reviewed information and data relating to State-administered and funded preventive and early intervention programs to determine where service gaps exist, and if initiatives or modifications were necessary. The deliberations of each committee resulted in a set of policy recommendations and specific strategies attempting to resolve questions of need through the redirection of fiscal and manpower resources.

The reports demonstrate an exhaustive review of needs and programs. Areas of overlap exist in recommendations when a topic was addressed by more than one committee. The reports of the committees have been retained in spite of these redundancies to provide the reader with the sense of each committee's scope in regard to its charge.

Five themes emerge from these reports which characterize the problems or issues and determine the direction of strategies for prevention. These are:

1. the need for education and information about good health habits and prevention of disease through health maintenance,

2. the need to improve services to identified "at risk" groups and to more carefully match needs and programs,

3. the need to address the problems of pregnancies among unmarried teenage women,

4. the need for a coordinated service system for handicapped or "at risk" infants and pre-school children and their families to promote adaptation and health, and

5. the need for coordination both in planning and service delivery within the State system and among the voluntary agencies.

1. Health Education - People need to know how to achieve good health and how to maintain it. The Conference is particularly concerned with good health as it plays a part in successful pregnancy and the birth of healthy newborns. It is also concerned with maintaining the health of infants and young children. Knowledge about good health is the first step towards achieving it. The Conference in its reports suggests that by offering information to prospective parents, particularly those who are at risk for having a child with a developmental disability, about general health and the causes of developmental disabilities and infant mortality, the numbers of births of healthy infants can be increased.

   One of the problems is that those at highest risk often ignore or resist health information or information about services and programs offered. This may be because they do not understand the value of the information or service, because they are afraid, because their language is not spoken, or their customs are not understood by the service or program staff. The Conference has urged that education and outreach be included in many of the programs and services which are available (e.g., recommendations 1.23, 2.3, 2.4, 2.8, 2.10, 2.15, 5.19, 5.20) to reach, allay fears, and convince potential users of their worth.

   Another need for information is recognized in the recommendations directed to parenting education. By learning about what it is their child needs at different stages of development and how they can provide for the child, parents can encourage the child's healthy development and can prevent illness and accidents (e.g., recommendations 2.12, 2.22, 2.25, 4.6, 5.2, 5.21).

   The professionals who provide information to families need to be able to communicate accurately and effectively so that their information may be understood and used by the patient or client. The Information and Training Committee directed a number of recommendations to these groups (e.g., recommendations 5.2, 5.3, 5.4, 5.9).

2. Health, Educational and Social Services - The second theme is the need to improve both the opportunity to receive health services and to improve delivery of the services to those people at higher risk for bearing a child with a developmental disability or a baby who dies in infancy. Once a person knows a particular service is important or useful and wants to have that service, there are considerations of cost, location of the service relative to the person's home or place of business, and acceptability of the service. Any one of these may become a barrier to using the service. The Conference has considered these obstacles and made recommendations in a number of areas of health care provision and delivery(e.g., recommendations I.11, I.15, I.16, 2.1, 2.3). The Conference has called for the State to adopt a "prudent buyer stance" (I.9) in regard to spending tax dollars on health services. One way to do this is to assure that programs are located in places where there is a need for them and also to consider alternative ways of subsidizing the cost of the services to those who cannot pay full costs (e.g., recommendations I.9, I.11, I.15, I.16).

3. Teenage Pregnancies - The concerns are:

medical: pregnant teenagers are more likely to receive late or no prenatal care and teenagers have a high number of low birth weight babies;

economic: the young mother is more likely to drop out of school, and accept public assistance to support her baby;

emotional: young parents may not know how or may not be able to provide for the psychological needs of their infant;

social: the young mother and her infant may be isolated as a result of the birth or because of poverty.

In addition single parenting may result in more stressful and difficult child rearing unless a support network exists to fulfill the roles played by the traditional family.

The Conference recognizes that our children and adolescents are growing up in a time of transition in which many of the traditional supports - stable neighborhoods, church participation, extended families, and attendance at small local schools are no longer the norm. In the absence of a consensus on traditional social values, childrens' peer groups often develop their own alternative value structures based on what is immediately available from the culture.

The Conference suggested strategies for intervening and altering the patterns by recognizing children and adolescents need to talk to adults, preferably their own parents, about sexual, reproductive, and family life issues. The Conference has taken an encouraging and supportive position in urging family and community participation in teaching children. It is envisioned that parents and community leaders who reflect parental values might design or select a curriculum to use in classes, discussion groups, or activities with children and adolescents. When a curriculum is used in schools, parents, and community leaders must be encouraged to participate in development and implementation. Children and teenagers need to understand how their bodies work, how to keep themselves healthy, and need help in developing and strengthening their own values with regard to family life and sexuality (e.g., recommendations I.18, 2.24, 4.6, 4.7, 4.8, 4.9, 5.6, 5.7).

4. Services for Disabled Children and Their Families - The fourth theme addressed by the conference was the concern with programs and services which are available or which are needed by disabled infants and children and their families. An important aspect of this is coordination of educational, habilitative, and health services for the infant and young child and their families. Both the Infancy and Preschool Committees considered a plan which would change the method by which educational services are offered. At present, the family must make application to the Family Court. The Family Court decides whether or not to approve the application for services; if approved, the State Education Department pays for preschool programs which meet their standards. The Conference has offered recommendations which would remove the Family Court (e.g., recommendations 2.29, 3.3, 3.11) from the process and replace it with coordinated services from the State Department of Education and Health and the Office of Mental Retardation and Developmental Disabilities. Also added to the educational service is the coordination and provision of health and/or habilitative services as needed. In addition, the Infancy Committee offered a policy recommendation that services be available at birth for infants who require them.

The needs of the family of the disabled infant and child for services which will allow them the option of keeping their child at home was recognized. Recommendations were made for day care, financial support and respite, in-home and short-term residential care, homemaker and home health services (e.g., recommendations 2.31, 3.26 and 4.10 through 4.15) as well as other services which support the family's wish to maintain itself. In addition, the Infancy Committee requested review of the Physically Handicapped Children's Program (2.37) which is a source of funding for handicapped children's services but which is administered by each county of the State and subject to different county regulations. The result is inconsistency in criteria for eligibility for the funds.

5. State and Voluntary Agency Coordination - The coordination of services within the State system and among the voluntary agencies was stressed by all of the committees within the Conference. Notable examples are the recommendations to coordinate food programs, to develop joint demonstration projects, to develop regional advisory councils, to share data, to encourage a coordinated policy of support to families (e.g., recommendations 1.1 through 1.5, 2.30, 3.7, 3.8, 4.4, 5.17, 5.18). These recommendations for coordinative efforts recognize the need for more efficiency and economy in education and human service planning and delivery which must be systematically explored and implemented in the coming months and years.

These five themes are interwoven throughout the reports and unite many of the recommendations. Essential to the idea of prevention and a perspective adopted by the entire Conference is that of maintaining and strengthening the family unit and the recognition that families can exist in a multiplicity of forms.

What follows are the recommendations by Committee.

PRENATAL

1.1 The Department of Health should explore the administrative steps necessary to create a single office charged with the responsibility of overseeing the implementation of all federal and State preventive and primary health care programs under the Department's control. Specific responsibilities should include:

- ensuring the high priority of family and child health programming;
- developing and implementating resource allocation plans in concert with State and regional planning entities;
- administering preventive and primary health care feasibility studies and demonstration projects;
- coordinating the activities of the Department's individual program bureaus;
- monitoring and evaluating programs to guide future program efforts and determine the efficacy of preventive interventions;
- rendering technical assistance to health care providers; and
- serving as the Department's liaison to an interagency forum created to seek greater coordination in the application of program resources that contribute to the betterment of family and child health.

1.2 The Department of Health's perinatal information system should be employed as a major planning data base by State agencies and regional and State planning bodies. The information system should be used to continuously and systematically monitor and assess outcomes of pregnancies on an area-specific basis and, when linked with risk-factor analysis and service data, used as both a research and program evaluation tool.

1.3 The New York State Department of Health should develop and periodically update a State Family and Child Health Plan which specifies required resource development and which serves as the blueprint for the allocation of state-administered resources.

1.4 The Governor should facilitate "innovations in coordination" at the State level to promote family and child health and improve the State's capacity to prevent infant mortality and developmental disabilities. Coordinative efforts should:

- develop coalitions among State government, argi-business, religious, labor, education, and health leaders to assure that food, employment opportunities, and required support services such as child care, are available in high-risk areas and among high-risk groups;
- establish joint-adventure demonstration projects to explore the impact of combining several categorical funding sources (Titles V, VI, X, XIX, XX, WIC, AFDC, Food Stamps, Child Care, School Nutrition, Employment and Training) to meet the needs of specific high-risk areas and population groups;

- organize consortia of public, private, and voluntary organizations in an outreach effort designed to get the "hard to reach" to appropriate perinatal and infant care services.

1.5 The Governor should introduce legislation to support the creation of regional advisory councils composed of medical care, social service, and education providers, planning agencies, government officials, and the public for the purpose of

- compiling and distributing regional service directories to facilitate vertical and horizontal communication and service linkages between providers and for public information;

- preparing regional service plans detailing the roles and relationships of all providers within the regions;

- assuring the availability and quality of education programs for pregnancy, childbirth, and parenting;

- promoting the incorporation of patient education regarding pregnancy and pregnancy prevention into the mainstream of medical care;

- monitoring and evaluating the process and outcomes of care within regions and making intra-regional recommendations for appropriate service responses;

- providing advice to the Commissioner of Health regarding family and child health matters within the regions.

- promoting the recommendations of the National Institute of Health Consensus Development Conference on Cesarean Childbirth of September, 1980.

- promoting regional initiatives to establish high quality, cost-effective alternatives to traditional providers and settings for prenatal care and birthing.

Regional councils could be established and subsidized through State-funded project grants which, for the purposes of legal accountability, would be made available to a licensed health care facility or other appropriate recipient of the Commissioner's choice.

1.6 The Department of Health should facilitate the development of a data system to provide an analytic base for directing regional and state-sponsored preventive efforts and for planning and evaluation activities at regional and state levels. Such a system should integrate hospital and vital record information to promote economies and ensure reliability of the information.

1.7 The Department of Health should begin work toward the designation of tertiary-level obstetric/neonatal intensive care units pursuant to standards promulgated by the Commissioner of Health. Such units should be separated from overall hospital reimbursement as distinct cost centers and reimbursement rates should be calculated to embrace the costs of necessary professional educational, consultative, and patient transport services.

1.8 The Department of Health should promote regional initiatives to establish high quality, cost-effective alternatives to traditional providers and settings for prenatal care and birthing.

1.9 The Department of Health should seek and support legislation to permit a "prudent buyer" stance in its efforts to ensure that those in need receive adequate preventive services. Examples of this approach include the following:

- Competitive, categorical project grants could be employed to finance services delivered to medically indigent persons in discrete high risk areas. Funding would be contingent upon the adequacy of the applicant's service plan, evaluation procedures, and the range of services to be made available to a predetermined patient population.

- In areas identified at high risk for adverse outcomes of pregnancies, a voucher system could be employed to subsidize the cost of a package of prenatal care, delivery, and postpartum care for pregnant women and well child services for infants. The costs of care could be negotiated with providers in a competitive manner to ensure efficient use of State dollars.

- Where federally approved HMO services are available, New York State could subsidize the enrollment of a predetermined number of pregnant women residing in discrete high-risk areas. Again, evaluation of patient outcomes would be a key component of this proposal.

1.10 The Department of Health should assess the feasibility of universal coverage of pregnant women and infants for comprehensive preventive and primary care services.

1.11 The Department of Health should develop reimbursement methods that reflect the varying nature of services delivered in different settings.

1.12 The Department of Social Services should explore the legislative or administrative changes necessary to ensure that once a pregnant woman becomes eligible for Medicaid coverage, such coverage is maintained at least through the first post-natal visit regardless of changes in the woman's economic situation.

1.13 The Department of Insurance should require that all third-party payors provide coverage for a limited number of well-child visits through the first year of an infant's life.

1.14 The Department of Health should include the costs of outreach, education, and follow-up as "allowable costs" in the determination of reimbursement rates to providers of preventive services.

1.15 The Department of Health should take the administrative steps necessary to allow reimbursement for off-site services rendered by Article 28 diagnostic and treatment centers. Reimbursement should extend both to services delivered in part-time clinics and services rendered to home-bound patients.

1.16 The Department of Health should seek legislation to modify the Public Health Local Assistance Program to facilitate local government provision of, or contracting for, preventive services to residents of discrete high-risk areas within their jurisdictions. As with competitive grants, a service plan and evaluation procedures should be required prerequisites to funding and its continuation.

1.17 The Department of Health should affirm the cost-effectiveness, quality and applicability of utilization of nurse-midwives as providers of care for low risk pregnant women, and take appropriate steps to promote their availability to New York's population.

1.18 The Governor should propose legislation to authorize the State Education Department to mandate a health education curriculum in the schools which includes units in adolescent sexuality, contraception, family life, and parenting.

- The units should be directed toward grades K-12 and promote responsibility in behavior.

- Community awareness campaigns should be conducted to educate parents as to the value of such education in the schools.

1.19 New York State agencies should continue to expand health promotion efforts. In particular:

- The New York State Department of Health should continue its statewide health promotion campaign using mass media to inform the public, particularly women of childbearing age, of the importance of sound nutrition and early prenatal care, and the dangers of alcohol, tobacco, and drug use during pregnancy.

- The State Department of Alcohol and Alcohol Abuse should continue to provide the public and the medical community with information on the problems of maternal alcohol abuse.

1.20 The New York State Department of Health should support Regional Advisory Council's efforts in

- developing systems of information and referral at the local level which assure that families have knowledge of and access to services which impact on health, before, during, and after pregnancy;

- ensuring the availability and quality of programs on pregnancy and childbirth; and,

- promoting the incorporation of patient education on pregnancy prevention and pregnancy in the mainstream of primary care.

1.21 New York State Department of Health should develop, implement and evaluate health education and outreach programs, specifically designed to meet the unique needs of high risk population groups. Such programs must take into consideration the cultural patterns, living environments, and socio-economic status of the targeted risk groups, particularly as they effect perceived need and motivation to seek and use preventive health services. Special efforts should be directed toward adolescents, high risk minority populations, poor populations, parents or prospective parents at risk of having a developmentally disabled child, and prospective parents exposed to reproductive hazards in the work place.

1.22 The New York State Department of Health should promote the use of "ready made" opportunities to reach people with health and preventive services information. Cross-referrals among agencies serving the same target group should be encouraged. Materials should be developed for use in physician and clinic waiting rooms, hospitals maternity units, WIC coupon distribution sites, schools, church, theaters, concerts and other settings where target audiences are captive and receptive to education. Evaluative research on the effectiveness of these settings for health promotion, as well as the use of non-traditional media such as comic books, calendars, records, photonovels and filmtrailers, should be conducted.

1.23 The Commissioner of Health should establish within the Birth Defects Institute, an "Antenatal Diagnostic Information Center." The Information Center should be well publicized and serve as a Statewide clearing house and centralized resource for providers and the public. Through a toll-free number, information on the indications for and availability of preconceptional and prenatal diagnostic services will be made readily available. A media campaign on the prevention of genetic diseases should be developed to complement the activities of the Information Center.

1.24 The New York State Legislature should enact legislation which amends Section 2500-a of the Public Health Law to mandate appropriate follow-up to screening, whether it be further testing, counseling, and/or treatment and to provide funds to carry out the mandate.

1.25 Pursuant to the statutory authority provided in Section 2732 of the Public Health Law, the Commissioner of Health shall appoint a Select Advisory Committee composed of scientific experts and consumers, to provide advice on the State's policy with respect to the management of the prevention, treatment, and follow-up of birth defects and genetic and allied diseases. The primary charge to the Select Advisory Committee would be to recommend to the Commissioner ways of ensuring a network of state-supported genetic and newborn screening, counseling, treatment, and follow-up services which:

(a) reflect the most current state-of-the-art;

(b) respond to population needs;

(c) ensure cost-effectiveness and quality control.

1.26 The New York State Department of Health should review reimbursement policies regarding the delivery of genetic screening, diagnosis, and counseling services to assure that essential components of care are supported.

1.27 A consortium of New York State government, agri-business, clergy, health providers, and educators, should be established by the Governor to develop a Statewide nutrition strategy and facilitate coordination of federal, state, and local programs aimed at assuring adequate nutrition for infants, children, and the general reproductive population.

Ideally, New York State should ensure access to WIC services for all eligible women, infants and children. Figures from the New York State WIC Program indicate that it would take approximately $225 million to serve the estimated 540,000 individuals in need, residing in New York State. This would mean an additional $149 million would be needed to supplement federal dollars. Since such a State expenditure would be unrealistic, the following strategies are offered:

1.28 The Governor should propose legislation to authorize that State funds be used to augment federal funds to serve those individuals eligible for WIC. Depending on the availability of funds, augmentation should be provided on the following priority basis:

- In addition to present caseload, ensure access for all eligible women, infants and children in designated underserved, high risk areas as identified by the New York State WIC Program. Funding requirements would depend on the criteria used for "underserved" and "high risk" (approximately $48 million State monies).

- In addition to the present caseload, ensure access for all eligible pregnant women in designated underserved, high risk areas, as identified by the New York State WIC Program. Funding required would depend on the criteria used for "underserved" and "high risk" (approximately $27.5 million State monies).

- Ensure that the WIC Program continues at the present level of service. Assuming a 30% federal reduction of funds, funding required will be approximately $22 million State monies.

1.29 Since prenatal care is an important adjunct to nutrition supplementation and education efforts. The Governor should propose legislation to authorize that State funds be used to augment federal funds to enable the State Health Department to develop referral and follow-up procedures to ensure that all pregnant women in the WIC Program receive adequate prenatal care.

1.30 The Health Research Council should give priority to continued research of genetic and environmental effects on birth defects and infant mortality.

1.31 The New York State Department of Health and Office of Mental Retardation and Developmental Disabilities should support continued basic research in fetal development including gene and cell research.

INFANCY

2.1 The New York State Department of Health should take responsibility for the provision of free universally accessible immunization programs, consistent with the schedule recommended by the Expert Committee on Immunization Practices of the Federal Center for Disease Control emphasizing the completion of immunization prior to age two.

2.2 The Department of Social Services should more aggressively encourage the routine health care and immunization of recipients of Aid for Dependent Children (AFDC) and ensure access to these services whenever necessary. This will require a collaborative effort between the Department of Social Services (DSS) and Department of Health (DOH) to ensure implementation.

2.3 The New York State Department of Health should provide mobile outreach, education, and immunization teams to reach currently underserved communities, particularly in those counties (approximately 30) where no health department exists. (See Appendix for map illustrating distribution of organized county health departments.)

2.4 Continue public education efforts regarding the importance of immunization and routine well-child care.

2.5 Legislation providing New York State supplementation, either financial or in kind, to the WIC program should be enacted.

2.6 An Interagency Council, composed of representatives from all state agencies which administer nutritional programs, should be established to facilitate the coordination of health services and federal food programs and spearhead a nutrition education service directed to the general public along with those at nutritional risk. The Council should ensure the development of a mechanism which regularly provides information about the distribution and extent of nutrition problems within New York State.

2.7 Increased federal allocations to the WIC program, utilizing individuals and representatives of groups promoting the interests of families with special health needs, should be sought.

2.8 The Department of Health should develop a plan for ensuring that hospital staffs and health care providers are providing information on the potential benefits of breast feeding for all new and prospective parents as well as encouraging and supporting women who decide to breast feed. This plan should indicate appropriate hospital practices which enhance family relationships as well as promote the related health benefits linked to breast feeding.

2.9 Mandated Screening Programs

a. All children should be screened for excessive lead exposure (using techniques such as the free erythrocyte protoporphyrin test or other appropriate tests resulting from improved technology) at the age of 12 months, in the context of the routine well-baby check-up which generally occurs at that age, and then approximately annually thereafter until age five or six.

b. Children identified as high-risk, either by proximity to likely sources of lead intoxicants or whose initial levels were elevated, should be followed up regularly at three-month intervals.

The benefits of universal screening and its relatively low cost (less than $.10 per test) clearly justify the effort in this area.

2.10 Continue public education regarding risks for lead intoxication and benefits of early detection.

2.11 Continue vigilance over major sources of lead contamination in the environment - automobile emissions, food processing, and lead-based paint.

2.12 Continue vigilance over other environmental toxins and chemical wastes (particularly as they relate to behavioral deficits in young children).

2.13 Include auto safety demonstration and information related to home safety in new parent training programs. Training programs should be creative and interesting (to reach literate as well as non-reading parents) and take maximum advantage of this opportunity to reach a "captive" audience at a highly receptive time in their lives.

2.14 DOH, in conjunction with the Institute for Traffic Safety Management and Research (Research Foundation of SUNY) and the Governor's Traffic Safety Commission, should explore development of insurance incentives and/or tax credits as a means for encouraging use of child restraints (e.g., a discount on insurance premium upon proof of purchase of an approved child car seat).

2.15 The Governor's Traffic Safety Commission should explore the possibility of expanding (to other New York State counties) the car seat loan program supported by federal funds currently in operation in Rockland County.

2.16 Continue public education efforts to focus attention on the importance of child car restraints and home safety precautions (safe storage of toxic chemicals, fire prevention, parental supervision).

2.17 In addition to the newborn metabolic disease screening program currently mandated, urine screening for inborn errors of metabolism should be mandated at four to six weeks for all infants discharged prior to three days of age or those not born in a hospital.

2.18 Intensify and expand the cooperation of primary health care providers (clinics, private physicians) who should be following-up at initial post-natal visit. This can be accomplished through developing expanded educational programs targeted at primary care providers.

2.19 Expand efforts to educate and inform parents on the need to follow-up in the event of positive findings of any screening program.

2.20 As a first step, OMRDD should develop a plan for a comprehensive genetic evaluation directed at identifying potential problems among families and relatives of developmentally disabled individuals currently residing in New York State facilities or receiving services through OMRDD. The plan should include provision for diagnosis and evaluation, with follow-up and genetic counseling made available to those who desire it.

2.21 As a second step, a structure should be developed linking early intervention programs with comprehensive medical genetic services including outreach to currently underserved communities, in order to reach "new" populations of developmentally disabled individuals and their families.

2.22 Support public education efforts regarding genetic and inherited disease and prevention. Encourage participation by mass media in these educative efforts.

2.23 DOH should identify existing materials and/or develop instructional films for new parents for dissemination through closed-circuit television on maternity units. Issues addressed should include well-child care, newborn screening, immunization, the benefits of breast feeding, developmental milestones, auto safety, and related parenting skills. Accompanying brochures should also be developed and distributed to new parents upon discharge.

2.24 For those infants at high-risk for developing disabilities related to deprivation as a function of extended institutionalization (i.e., those youngsters considered to be boarder children as well as those who remain in developmental centers or hospitals beyond the time required for medical stabilization) a mechanism must be established for immediate placement into a more nurturant setting. Adequate medical care must not be allowed to substitute for the attention, affection, and nurturance that all children require for healthy growth and development.

2.25 Enlist support for family life education programs within public schools, hospitals, and other community organizations.

2.26 Enlist mass media support and assistance in developing parent education materials.

2.27 OMRDD should develop a comprehensive registry of approved infant intervention programs and services as well as an information and referral system to facilitate access to appropriate services.

2.28 To improve efforts at early identification, New York State should develop audio-visual instructional materials, demonstrating the essential features of assessment of typical and atypical developmental signs, to be offered at no cost to undergraduate and graduate level programs in Pediatrics, Pediatric Neurology, Rehabilitative Medicine, Nursing, and related therapies. These materials should also be available to continuing education programs for practicing health care providers.

2.29 An alternative to the current Family Court process for securing services to disabled children birth to five must be developed to facilitate prompt and consistent access to services.

2.30 New York State should develop a plan for establishing and monitoring the linkages among diagnostic, educative, and habilitative services for disabled infants. This is particularly important regarding coordination between hospitals, regional perinatal centers, and early screening and diagnostic services.

2.31 There should be an expansion, coordination, and development of funding for respite services for families of the disabled (including but not limited to day care, limited residential care and other child care services).

2.32 Facilitate delivery of early intervention services by designating a trained and approved "care coordinator" to minimize confusion and fragmentation of services offered to families. Whenever possible, utilize parents as effective facilitators of their children's development, through training and support services.

2.33 Support utilization of models of early intervention programs which have already been demonstrated as effective by the federal government.

2.34 Encourage and support education and utilization of paraprofessionals to enhance effectiveness of early intervention strategies.

2.35 New York State should mandate the participation of qualified disabled persons and/or relatives of disabled persons on any committee or task force responsible for the planning, development or assessment of programs for disabled children.

2.36 Develop strategies for integrating disabled children within less costly community programs rather than relying solely on more expensive specialized services. Support to these existing programs could be in the form of education and training regarding the special requirements of some disabled children.

2.37 DOH should initiate an audit and review of the Physically Handicapped Children's Program. This should include a review of eligibility standards and must ensure compliance with regulations regarding delivery and reimbursement of services.

PRESCHOOL

Proposed Program

3.1 Preschool services to handicapped children shall be mandated with 100 percent state aid.

3.2 The same provisions for education services as available to the school age child with a handicapping condition should be provided through the education system, and shall be available to all handicapped children beginning at age three.

3.3 Services to preschool children should concentrate upon the resources and administrative structure already established within the State Education Department, the Office of Mental Retardation and Developmental Disabilities, and the Department of Health.

Definitions

3.4 Eligibility for education services - The definitions proposed by the State Education Department to identify school-age pupils with handicapping conditions should be used for defining which children are to be included for educational services, excluding the definition of "learning disabled" and limiting "speech impaired" to those children who are "severely speech and language impaired."

3.5 Eligibility for health and/or habilitation services - The definitions proposed by the State Education Department to identify school-age pupils with handicapping conditions should be used for defining which children are to be included for health and/or habilitation services, excluding the definition of "learning disabled" and limiting "speech impaired" to those children who are "severely speech and language impaired", without the criteria of services being dependent upon "adversely affecting the child's educational performance".

Referral

3.6 Information concerning the educational, medical, and child care services available within any particular region of the State must be centralized and readily accessible to the parents of any child who may be considered to have a handicapping condition or a developmental disability.

3.7 Early Childhood Direction Centers should continue or be established in all areas of the state under the direction of the State Education Department as the local referral point for coordinating preschool services. They should expand their registry of services to include all service providers specializing in services appropriate to the preschool child, including outreach services.

3.8 Early Childhood Direction Centers should establish formal agreements with perinatal regional centers and any other regional programs serving children zero to five years and their families.

3.9 The network of Early Childhood Direction Centers should be considered as a 100 percent State aidable program.

Access to Services for the Preschool Child

3.10 The single point of entry for preschool services should be through the local school district's Committee on the Handicapped, the same as is currently in place for a school-age child who has a handicapping condition.

3.11 All public schools which are currently permitted to establish "subcommittees" should establish a "subcommittee" specifically for review of appropriate services for the three to five year old child.

3.12 An "early childhood specialist" should be either added or substituted for the special education teacher member of the Committee on the Handicapped for any such reviews.

3.13 The local school district's board of education or trustees shall maintain responsibility for the preschool child the same as currently in place for the school-age child.

3.14 Referrals for preschool services should be made to the chairperson of the district's Committee on the Handicapped or to the building administrator of the public school which the pupil is eligible to attend at age five.

3.15 If it is determined that a child is eligible for special education services, the Committee on the Handicapped recommendation should include a classification on the handicapping condition, recommended program and appropriate placement, including the extent to which the pupil will be able to participate in a day care, nursery school, or HEADSTART program.

3.16 If the Committee on the Handicapped finds that only health and/or habilitation services are necessary and that the handicapping condition does not adversely affect education, referral should be made through the Early Childhood Direction Center to the appropriate public health agency or the Office of Mental Retardation and Developmental Disabilities for follow-up services as appropriate. The Board of Education, with the consent of the parent, may initiate special education along with health and/or habilitation services in the least restrictive environment.

3.17 A parent may appeal a Committee on the Handicapped recommendation for educational placement or program only on the basis of whether special eduction services are indicated.

3.18 A parent may request a second opinion on health and/or habilitation services prescribed by a physician.

3.19 The board of education, with the consent of the parent, should provide special education, or special eduction along with habilitation and/or health services.

3.20 The extension of mandated services to preschool children having a handicapping condition should be made available without cost to parents or additional financial burden to the local public school districts, county agency, or municipality.

3.21 If special education is provided in conjunction with habilitation and/or health services, the habilitation or health services shall be approved by the Office of Mental Retardation and Developmental Disabilities or Department of Health, respectively.

3.22 If special education is provided in a residential setting, services must be certified by both the State Education Department and the State agency having authorization over the type of residential services provided.

Program Monitoring and Approval

3.23 Programs recommended for preschool children should continue to be approved and monitored by the State Education Department under their existing regulatory and statutory authority.

Transportation Services

3.24 Transportation services for children with handicapping conditions three to five years of age should be administered under the jurisdiction of the local school district with 100 percent State aid.

3.25 Standards and regulations for transporting children below age six should be established by the State Eduction Department in cooperation with the appropriate State agencies.

Other Services

3.26 Respite services which are supportive to maintaining a handicapped child within the natural family environment should be provided and authorized by the Office of Mental Retardation and Developmental Disabilities.

3.27 Parent training currently available under the auspices of the State Education Department and the Office of Mental Retardation and Developmental Disabilities should continue to be provided in support of the continuum of services.

3.28 A trained and approved "care coordinator" should be designated to work with the child's family to facilitate and coordinate the delivery of health and/or habilitation services.

3.29 Preventive service programs, including the early and periodic screening, diagnosis and treatment (EPSDT), shall be coordinated and accessible to preschool children as part of the preschool service system under the Department of Health.

3.30 The State Education Department, in cooperation with the Office of Mental Retardation and Developmental Disabilities, should identify and support the implementation of curriculum for training to prospective respite care providers.

3.31 In managing referrals, the Early Childhood Direction Centers should be aware of and include dental programs run by the Department of Health.

3.32 Preschool programs should include parents in program planning, evaluation, and the provision of parent counseling, education, and training.

3.33 Children should be carefully screened to assure that upon entrance into the preschool program they have received all required immunizations. Immunizations should be provided through the local Health Department without cost to parents.

3.34 All State agencies which administer child nutrition programs should coordinate their activities to maximize benefits to the child.

3.35 Increased Federal allocations to the WIC program should be sought. In addition, legislation providing New York State supplementation, either financial or in kind to the WIC program, should be provided.

3.36 While children identified as high risk due to proximity to likely sources of lead intoxicants should be screened by the New York State Department of Health at least annually during the preschool years; those whose levels are elevated should be followed up at more frequent intervals. Follow-up for those children whose lead levels are elevated shall be mandated.

3.37 The New York State Department of Health, in cooperation with other State agencies, shall continue public education efforts to focus attention on the importance of home and travel safety precautions.

3.38 The State Education Department, in cooperation with the Department of Social Services, should enhance and encourage parent education to lessen the greater risk of child abuse and neglect in the under age five population.

3.39 The training of preschool personnel should include education in the detection of abuse and neglect in pre-school children.

3.40 The Department of Health, Office of Health Systems Management, should review policies regarding hospitalization, especially the needs of handicapped or disabled children who are subjected to repeated hospitalization.

FAMILIES

4.1 Any human services delivery system should build upon the family and be family-focused. This perspective must be given to a child living at home, or in the community, or for a newborn or sick child in a hospital.

4.2 All recommendations from the various committees of the Conference should be reviewed to ensure that a family perspective is reflected within them.

4.3 Strong case management systems should be developed which are addressed to the family and not to the individual in isolation from the family.

4.4 Accounting and reporting systems should be developed by appropriate State regulatory and funding agencies which would require provider agencies to address service provision for the family, not solely for the individual. Such systems should also reflect client outcome.

4.5 Income maintenance programs in the State must be made adequate to ensure proper food, housing, and clothing for all persons.

4.6 Family life, sex education, and parenting programs must be provided to families and children at all stages of development, beginning with young children.

4.7 The efforts of the State Department of Education, Social Services, and Health to address the problem of the teenage pregnancy should be strengthened and expanded.

4.8 The educational system, religious organizations, and other major institutions in the community must be engaged in developing and providing family life, sex education, and parenting programs.

4.9 The Department of Education should expand its program efforts, entitled the Family Life Sex Education Program. This expansion should include additional funds, a modification of the program and curriculum to include children/adolescents who have dropped out of school.

4.10 Adequate income through tax relief and other mechanisms should be available to sustain a family and thereby permit the family to maintain a child at home.

4.11 Natural supports systems for the family must be encouraged and developed.

4.12 Necessary services should be provided to reinforce caregiving by the family. Such services may include:

- day care
- respite care, including day and in-home care programs and short-term residential programs
- homemaker services,
- home care services including public health nursing, health aide services, and other related social and medical services.

4.13 Other types of services for the individual or the family may be necessary and should be available. These may include: medical and educational services, transportation, therapists, and informational and referral.

4.14 The training program for parent substitutes in the home and the types of care that can be provided under current regulation should be reviewed and revised to make such services as respite, homemaker, and health aide service accessible to all families of disabled children. Substitute care givers must be trained and licensed to provide care that reflects the level of care provided by parents.

4.15 Training of professionals should be undertaken in order for them to understand the importance of coordination with other services providers and the need for a strong case management which is family focused.

INFORMATION AND TRAINING

Physicians, Social Workers, Psychologists

5.1 The Committee recommends to the American Academy of Pediatricians, American Board of Pediatrics, Association of Medical School Pediatric Department Chairmen, College of Family Practitioners, and individual departments of pediatrics in New York State:

a. that the training of the pediatrician and family practitioner include information and the teaching of interpersonal skills required to discuss sound nutrition, venereal disease, alcohol and drug use and abuse with patients when appropriate;

b. that pediatric training include case presentations of a team approach to the management of developmental disabilities;

c. that child development and developmental diagnosis be taught systematically in both undergraduate medical training and in pediatric residency programs, and offered in continuing education program.

5.2 The Committee recommends to the American Academy of Obstetrics and Gynecology, American Board of Obstetrics and Gynecology, Association of Professors of Gynecology and Obstetrics, and individual departments of obstetrics and gynecology in New York State that the training of the obstetrician/gynecologist include information and the teaching of interpersonal skills required to provide care to a mother who delivers a
4.11 disabled infant; to discuss sound nutritional practices, alcohol use and abuse, drug use and abuse, and venereal disease with prospective mothers of all ages; to direct women to non-medical support services when appropriate; and to provide care to developmentally disabled patients.

5.3 The Committee recommends to the National Council on Social Work Education and individual New York State social work schools or programs that social work training include didactic and case material concerning developmental disabilities as part of growth and developmental courses.

5.4 The Committee recommends to the individual university departments of clinical psychology and developmental psychology in New York State that they provide didactic experiences in developmental disabilities for all students.

5.5 The Committee recommends that the New York State Nurses Association encourage continuing education in the area of developmental disabilities, infant mortality, and prevention. Both information and the opportunity to increase interpersonal skills should be offered in continuing nursing education.

5.6 The Committee recommends to the Legislature that it provide support in the form of stipends, grants, or loans to students preparing for careers in developmental disabilities.

State Education Department, Primary and Secondary Teachers, Schools

5.7 The Committee recommends to the Board of Regents of the State of New York that family life education be promoted in elementary and secondary schools in New York State.

5.8 The Committee recommends to the State Education Department, the Department of Health, and the Office of Mental Retardation and Developmental Disabilities that they appoint an interagency task force to gather and evaluate existing curricula in family life education and that they continue to promote program development by awarding grants to school districts to teach family life education.

5.9 The Committee recommends to the State Education Department and individual colleges and university departments of elementary and secondary education that family life education be included in the pre-service curricula for elementary and secondary teachers.

5.10 The Committee recommends to the State Education Department that training in family life education be mandated for elementary and secondary teachers, presently in service, and that funding for training be provided by competitive awards from the State Education Department. These in-service programs must be related to the specific ethnic and racial representation within the district and will require participation by families within the district.

5.11 The Committee recommends that the State Health Department supply data to individual school districts on the number of teenage pregnancies and pregnancy outcomes within the district.

Voluntary Agencies

5.12 The Committee recommends that the American Association of Mental Deficiency and other interested voluntary associations develop curricula materials for social work programs which incorporate social work case studies involving persons with developmental disabilities.

5.13 The Committee recommends that the voluntary agencies provide support for the development of teacher training curricula for both pre-service and in-service instruction in family life education.

5.14 The Committee recommends that the voluntary agencies form liaisons with professional schools to promote opportunities for attitudinal changes among students and faculty.

5.15 To reach the traditionally "hard to reach" groups of people who are at risk for having an infant who is disabled or who dies in infancy, the Committee recommends that innovative programs with measured success in changing behavior be collected and made available for replication by other interested groups, both private and public, in the language and style acceptable to the particular audience. The Health Promotion Office of the Health Department should accept primary responsibility and should include other interested voluntary and State agencies, such as the March of Dimes, in collecting the information and advertising the product.

The Committee further recommends that funds be made available for replication. The Committee recommends that the voluntary agencies direct more of their public education efforts towards primary prevention of developmental disabilities and infant mortality among high-risk populations.

5.16 The Committee recommends that the Legislature appropriate money for the continued support of New York State public education/prevention programs. Of particular importance are the public information campaigns associated with the Health Department's Improved Pregnancy Outcome project and the Division of Alcohol and Alcohol Abuse's Fetal Alcohol Syndrome project.

5.17 To promote prevention of developmental disabilities and infant mortality, the Committee recommends that the Conference adopt one issue and present it to the Advertising Council with a request for a public service campaign.

5.18 To assist in developing regional prevention strategies and to provide coordinated services for infants and children identified as having disabilities, the Committee recommends that representatives of voluntary associations, Special Education Training and Resources Centers, and the Early Childhood Direction Centers sit on the regional perinatal councils. Options for funding the councils are provided in the report on regionalization of perinatal care, entitled, "The Future of Maternal and Infant Health in New York State" issued to the Commissioner of Health.

5.19 The Committee recommends to the Department of Social Services that I & R services which presently exist in each county under Title XX of the Social Security Act can be improved by:

a. providing a single statewide "800" number which would ring into each caller's county and offer the caller information on local services. The responsibility for this system would belong to the Department of Social Services which provides direct or contract services for county Information and Referral systems;

b. having the voluntary agencies form active liaisons with county Information and Referral services. The responsibility for forming these liaisons would belong to the voluntary agencies;

c. having the State Education Department's Early Childhood Direction Centers form active liaisons with both the voluntary and county I & R Services. The responsibility for forming these liaisons would belong to the State Education Department.

5.20 To increase the points of entry into the service delivery system, the Committee recommends providing information on access and use of the I & R system to service providers with whom a pregnant woman, a new family, or a young child routinely comes in contact. In addition to contacting traditional providers, the I & R services should conduct active outreach programs and prepare information to be placed, e.g., in drug stores, babyfood sections of supermarkets, baby sections of department stores, and other places frequented by pregnant women and young families. The responsibility for this task would belong to the Early Childhood Direction Centers and the voluntary agencies.

5.21 The State Department of Education should increase the number of Early Childhood Direction Centers within the State. Funding for explansion should be appropriated by the Legislature.

5.22 To aid parents of young, developmentally disabled children, the Committee recommends that the State Education Department use the voluntary agencies to distribute to their members all appropriate materials developed by the Special Education Training and Resource Center.

5.23 The Committee recommends that copies of the Preliminary Prevention Action Plan be distributed to interested persons and groups throughout the State and that both State and voluntary agencies participate in the dissemination of the Plan and the recommendations. The Committee suggests that efforts be made to solicit reponses from those affected by the recommendations.

5.24 To ensure that the recommendations of the full Conference are carried out, the following are provided as options to be considered by the full Conference:

a. The Conference recommends that a coalition of State and voluntary agencies be established to follow these recommendations and actively promote the prevention of developmental disabilities and infant mortality.

b. The Conference recommends that the Legislature create and fund a Commission on the prevention of developmental disabilities and infant mortality. The Commission functions would include but not be limited to monitoring the recommendations of the Conference, initiating further efforts, and preparing a budget for legislative review. The Commission should be appointed by the leadership of the Senate, the Assembly, and the Governor.

c. The Conference recommends that an identifiable agency be responsible for each Conference recommendation and that the agency director or representative report to the Conference Chair on the status of each recommendation at quarterly intervals throughout the year.

APPENDIX H

HELPING CHILDREN

with Handicapping Conditions in New York State

THE NEW YORK STATE PLAN SUBMITTED UNDER
THE EDUCATION FOR ALL HANDICAPPED CHILDREN ACT (P.L. 94-142)

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1980-81

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT

THE UNIVERSITY OF THE STATE OF NEW YORK
Regents of The University (with years when terms expire)

1981	Theodore M. Black, A.B., Litt.D., LL.D., Pd.D., D.C.L., L.H.D., Chancellor	Sands Point
1988	Willard A. Genrich, LL.B., L.H.D., LL.D., Litt. D., Vice Chancellor	Buffalo
1986	Kenneth B. Clark, A.B., M.S., Ph.D., LL.D., L.H.D., D.Sc.	Hastings on Hudson
1983	Harold E. Newcomb, B.A.	Owego
1982	Emlyn I. Griffith, A.B., J.D.	Rome
1983	Mary Alice Kendall, B.S.	Rochester
1984	Jorge L. Batista, B.A., J.D., LL.D.	Bronx
1982	Louis E. Yavner, LL.B.	New York
1986	Laura Bradley Chodos, B.A., M.A.	Vischer Ferry
1980	Martin C. Barell, B.A., I.A., LL.B.	Kings Point
1981	Joseph R. Bongiorno, B.S., M.D.	Brooklyn
1984	Louise P. Matteoni, B.A., M.A., Ph.D.	Bayside
1981	J. Edward Meyer, B.A., LL.B.	Chappaqua
1985	Arlene B. Reed-Delaney, B.A., M.D.	Albany
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President of The University and Commissioner of Education
Gordon M. Ambach

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Robert R. Spillane

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	Noah Levine	Secondary School Students	Valley Cottage, NY
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	Louise Hughes	Children with Handicapping Conditions	Roosevelt, NY
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	Helena Ozer - Corcoran High School	Syracuse, NY
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FOREWORD

The State Plan for the education of children with handicapping conditions is the public statement of the goals, priorities and programs of the State Education Department.

It was written for the people of New York State who have children or are interested in our educational system.

It explains not only the requirements of the Federal Education for All Handicapped Children Act, which requires an annual state plan, but other federal and State laws and regulations that affect handicapped children.

Your comments and criticisms are appreciated.

1979/1980/1981 OBJECTIVES		1980/81
Bureau of State Operated and State Supported Schools	1. To obtain appropriate placements for all children with handicapping conditions found not to be in the least restrictive environment in schools which have been visited because of parent complaints.	1. 90 children served as of January, 1980.
	2. To review applications for, or reappointment, transfer, suspension of, termination notices to each child being educated in, or seeking education in a state operated or state supported school.	2. 90 applications reviewed as of May, 1980, reviews continuing.
Bureau of Special Program Review	1. To review all requests by private schools for children with handicapping conditions to amend their charters and to make recommendations to the Regents about such amendments to insure that private school programs conform to the requirement to educate children with handicapping conditions in the least restrictive environment.	1. Requests for 2 charter revisions received, reviewed and recommended to the Board of Regents.
	2. To review 34 programs assisting the education of children with handicapping conditions in the least restrictive environment which are funded by P.L. 94-142 discretionary money to insure that money is being spent according to federal and state law and regulations.	2. 20 projects visited; recommendations for improvement made as appropriate. Interim reports on all discretionary funding prepared.

1979/1980/1981
OBJECTIVES

GOAL C: To assist school districts to provide instruction and related services to children with handicapping conditions in the least restrictive and most appropriate environment.

Training Bureau	1. To train 2,000 occupational educators in the needs of children with handicapping conditions by April 1981 by means of workshops, manuals, slideshows, etc. to insure that the need the handicapped have for occupational education in the least restrictive environment is met.	1. Training conducted for members of N.Y.S. Vocational Education Association.
	2. To train 1000 medical personnel in early identification of newborn or very young children with handicapping conditions to insure appropriate services for these children are provided as soon as possible.	2. Project to develop physician training course in development at University of Rochester Medical Center.
	3. To train 4,000 regular education teachers in matters related to successful implementation of mainstreaming, by June 1981, through 30 hour inservice training courses to be provided through the New York training network.	3. 31 courses conducted to date; 746 people attended. 144 courses begun in January; 4000 people expected to attend.
117	4. To train administrators, special education teachers and parents of children under age five to insure the education of these children with handicapping conditions begins as soon as possible.	4. 185 parents of preschool handicapped children trained on IEP process.
	5. To train parents of school aged children with handicapping conditions on topics identified through local needs assessment. To be accomplished through SETRC contracts and SED training staff	118 5. ONGOING
	6. To develop information materials needed to train target groups about educating children with handicapping conditions in the least restrictive environment.	6. Materials developed during 1979/1980 school year include IEP Manual, IEP Planning Conference Training Package, Board of Education Manual and Filmstrip, 30 Hour Training Course.

children already in school for possible handicaps on the basis of low test scores should be written in a way which would cover about ten percent of New York's school children, or one or two percent. The Panel recommended that fewer children be automatically screened. The Panel also debated whether parents would serve on the proposed school building evaluation and placement team, and whether their due process rights would apply to building team decisions. The Panel also discussed details of class size and programming for the different levels of service proposed in the Study.

The Panel also heard a visually impaired Panel member criticize the State's tentative proposal to close the Batavia School for the Blind and transfer its programs to other schools or locations in western New York.

The Panel endorsed a resolution recommending that the Board of Regents delete the requirement in regulation requiring a child be defined as learning disabled only if there is a 50% descrepancy between intellectual ability and expected achievement. Panel members said this standard was not clear, was arbitrarily applied in several locations in the State and had been removed from federal regulations. The Panel also unanimously passed a resolution calling for Legislation mandating training programs for impartial hearing officers.

- met October 15 to listen to a presentation from the Assistant Commissioner for Educational Finance and Management about the results of the study of special education finances done under Chapter 786 and to again review the Classification and Standards Study before it was presented to the Regents.

The Panel was told that precise financial information from all school districts was still being tabulated; a final reimbursement formula depended on this information. Nevertheless the formula would be written in a way which would minimize shifting of students into categories of handicapping condition simply because more money was available in those categories. The State would require prior approval of special education programs to guard against placement only for fiscal reasons. 119

Panel members commented individually on the Classification and Standards draft. The Panel indicated it supported the concepts in the paper, but about half the members present said they wanted more fiscal

information about, or more testing of project concepts. The other half said the Panel would be remiss in its duty to handicapped children if it failed to endorse a change in the existing system after having criticized the present system so often.

The Panel chose not to accept Commissioner Ambach's invitation to suggest a standard for identifying learning disabled children to replace the 50% discrepancy standard in the present State definition. The Panel also voted to send a letter to Washington asking whether regulations governing placement of deaf or blind children in state operated and supported schools, and placement of students from institutions into school districts violated federal regulations because they made no provision for parent challenges through impartial hearings.

- met December 6 and 7 to organize its subcommittee structure, and hear presentations about the activities of the Office of Vocational Rehabilitation and the Office of Occupational and Continuing Education, about planning for the 1980/81 State Plan, and about the Classification and Standards study, which had been unanimously endorsed by the Regents during their November meeting.

- met January 24 and 25, 1980 to hear presentations about physical education, health services and testing for handicapped children, the Governor's budget proposals, and special arts programs for children with handicapping conditions.

The Panel resolved that it was opposed to the Governor's proposal to eliminate Family Court involvement in prekindergarten and summer placement of children with handicapping conditions because of the lack of clarity about which children would be eligible for services and about how many children would be served.

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The Panel also decided to delay until March 1980 extensive comment on, or setting priorities for, the 1980/81 State Plan because of lack of time during its January meeting.

- met March 6 and 7, 1980 to listen to a description of the differences between the Governor's and Regent's proposed legislation implementing recommendations of the Classification and Standards project. The Panel resolved to recommend to the Governor, State Legislature and Education Commissioner:

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WHO IS TO BE SERVED	IN WHAT SUBJECT AREA	BY WHOM	WHEN	IN WHAT GEOGRA-PHIC AREA	SOURCE OF FUNDS
1. 200 COH's	Due process, State and Fed. Law	State Ed. and Local Network Staff	By June 1981	Statewide	RRC Grant 6B
2. 400 District Bd. of Ed. members	State and Fed. Law and responsibilities toward the handicapped; implementation of least restrictive environment	State Ed. and Local Network	By June 1981	Statewide	6B RRC
3. 200 Dist. Admin. Building Principals		State Ed. Staff	By June 1981	Statewide	6B RRC
4. Impartial Hearing Officers	Rules and responsiblities	State Ed. Staff	By June 1981	Statewide	6B
5. 50 State Agency Placement Teams	State and Fed. Law and functional skills	State Ed. Staff	By June 1981	Statewide	6B RRC
6. 1000 medical personnel	Early identification of newborn or very young children with handicapping conditions	Subcontract with accredited University Medical Schools	By June 1981	Statewide	6B
7. 4000 Reg. Ed. teachers	Implementation of least restrictive environment programs	State Ed. and Local Network Staff	By June 1981	Statewide	6B
8. Teachers of handicapped children below age five	Instructional methods	State Ed. and Local Network Staff	By June 1981	Statewide	6B
9. Parents of handicapped children below age five	General information and parenting skills	State Ed. and Local Network Staff	By June 1981	Statewide	6B

Note that certain of these groups such as Committees on the Handicapped and Impartial Hearing Officers have previously been trained by either state or local education agency personnel. These groups were selected for retraining and additional training because information from formal and informal needs assessments showed problems in these areas.

IMPLEMENTING TRAINING

The chart on the previous page shows the targets, objectives, scope, trainers, funding sources and time frames for inservice training by State and local education agency staff during the 1979/1980 and 1980/1981 school years.

The following section briefly discusses incentives for inservice training, preservice training in New York State and current training activities of the Bureau of Program Development within OECHC.

LOCAL INCENTIVES FOR TRAINING

New York State law requires all teachers of special education to be appropriately certified by New York State, which means that all teachers must have an appropriate number of post graduate courses. New York's field monitoring staff vigorously enforces the requirement that teachers be certified; monitoring reports have provided an incentive for many teachers to enroll in special education courses.

New York has also used Education for all Handicapped Children Act (P.L. 94-142) discretionary funds to fund teacher union sponsored projects to train their regular classroom teachers about the needs of children with handicapping conditions.

Also, the SETRC network is conducting over 185 intensive 30 hour Inservice Courses for regular educators throughout New York State about the education needs of handicapped children. Arrangements have been made locally for participants to receive either college credits, inservice credits or no-cost-to-participant enrollments at the courses.

Over 4000 regular education teachers are expected to benefit from these courses.

Finally, Bureau of Program Development staff and local Training Network staff work with local education agencies to insure that release time will be available to personnel to be trained by State and local staff.

PRESERVICE TRAINING

In 1978, 42 New York State colleges and universities met criteria which enabled graduates of programs at these schools to be certified as special education teachers. Thirteen schools offered both provisional and permanent certification programs, 13 offered provisional certification programs and 16 offered permanent certification. Several of these institutions of higher learning are represented on the CSPD Advisory Board.

The reorganized Advisory Board of the CSPD project will continue to review

- The quantity of teachers and other personnel, the types and quality of programs and

- Information from the State Education Department Information Center on Education and Division of Teacher Education and Certification on production and employment of certified teachers in the public schools.

The OECHC has worked with colleges and universities throughout the State in providing training and resources to meet State needs. The following are examples of these cooperative efforts:

- University of Rochester Medical Center, through a contract with OECHC, is developing a training program for doctors on early identification of children with handicapping conditions.

- State University College at Buffalo, through a contract with OECHC, analyzed and provided a technical report for State use on the results of a statewide training needs assessment of teachers of the handicapped.

- SED staff took part in a conference on education for the handicapped sponsored by New York University.

- Hunter College, through a contract with OECHC, is developing a curriculum to develop positive attitudes toward the handicapped among secondary level students and faculty.

- Seven colleges and universities, including Utica College, NYU, SUC at Binghamton, Clinton Community College and three others cooperated with SED in conducting seven regional workshops for individuals involved with Special Ed, Voc. Ed. and OVR.

- Syracuse University, together with the Syracuse City School District and the State Education Department, is participating in an Early Childhood Direction Center Project in Central New York.

- Representatives of colleges and universities which receive "Dean's Grants" from the Federal government met in Albany with State Education Department personnel during autumn 1979 to discuss information sharing and cooperation.

OECHC

The Bureau of Program Development within OECHC uses State staff and funds from several grant programs to provide inservice training. Grant programs include:

- Regional Resource Centers,

- Special Education Training and Resource Centers (SETRC, often pronounced "Set-Trik") and

- The Comprehensive System of Personnel Development.

These programs are described in detail below.

REGIONAL RESOURCE CENTERS

HOW TRAINING IS DONE

The New York State Regional Resource Center conducts training related to the development and implementation of the Individualized Education Program (IEP). The staff uses the "multiplier training effect" when appropriate. Basically, multiplier training means designing activities and conducting workshops for participants who are in turn trained to understand and use the training package in their own workshops. During the design stage, information is gathered from people who requested the training, and working meetings are held to develop a training package to meet their needs. Besides the "multiplier training effect", the Regional Resource Center is also involved in direct training projects and training resources presentations.

- In direct training sessions, the Regional Resource Center staff goes to the local area and trains a specific group on a particular topic. These participants are not expected to train others.

- Professional organizations, and
- Other interested individuals.

General types of resources available include:

- current professional journals,
- professional reference materials,
- new instructional materials,
- training materials collection,
- information on national and state projects and model programs, and
- curriculum guides.

TECHNICAL ASSISTANCE IN DISSEMINATION

The Bureau of Program Development also:

- provides direct training to local education personnel on policy issues
- provides information and advice on training to the State Training Network,
- facilitates the distribution of federal funds to local education agencies by monitoring IV-C and VI-B grants and provides support to those involved,
- supplies consultation service to statewide associations as well as technical support to the Office of Mental Retardation, the Division for Youth and the Department of Correctional Services,
- responds to letters and phone calls from local education agencies concerning such matters as materials, training, laws and regulations, local school district responsibilities and funding,

- provides assistance by reviewing proposals and supplying to local school districts information related to occupational education for the handicapped student,

- provides a free loan of educational material and 16mm films related to the education of children with handicapping conditions,

- furnishes sources of training and reference materials relating to children with handicapping conditions,

- provides information to those involved in petitioning Family Court and works with Early Childhood Direction centers in order to match children's needs with local service capabilities,

- provides equipment to facilitate the education of visually impaired children through the American Printing House,

- provides educational services to deaf infants ages birth to three including comprehensive services which emphasize language development and auditory training, and

- coordinates early childhood programming and supports training and information activities for preschool parents.

EVALUATION

Regional Resource Centers submit information to the federal government showing to what extent program goals have been met, how many workshops have been held, or how many materials produced. Participants at training sessions are asked to comment on the organization and presentation of the training.

State Training Network activity is evaluated through quarterly reports submitted to the Bureau of Program Development of the Office for Education of Children with Handicapping Conditions (OECHC), and through site visits made to the centers. Quarterly reports are based on a management by objective format: activities are related to budgets.

College or university training programs are evaluated by higher education monitoring staff and by the Division of Certification, within the State Education Department.

HOW WE SERVE THE CHILDREN

BY LOCATING UNSERVED OR UNDERSERVED CHILDREN

New York State has used several ways of locating unserved or underserved children with handicapping conditions. These have included:

- routine data gathering from local school districts and other state agencies, supervised by the Information Center on Education located within the State Education Department,
- monitoring activities of Office for Education of Children with Handicapping Conditions field staff, and
- special projects, such as Child Find or Early Childhood Education Direction Centers.

ROUTINE DATA GATHERING

Each school district's Committee on the Handicapped in New York State is required by Article 89 of the Education Law and Section 200.12 of the Education Commissioner's Regulations to maintain a register of all handicapped children from birth to 21 years of age. The register must be revised annually.

Districts use several ways to prepare this register, including special screening programs, door to door census, or brochures or other information distributed to homes asking parents to report suspected problems with their children to the school.

Districts report this information during the fall of each year to the State Education Department, using the PHC-1 form. However, the PHC-1 form only records data collection on children 3 years of age or older; consequently, information reported to Albany is incomplete. (For more information about problems with child count, see the DATA section of the Plan.)

Data about children served by other state agencies is also reported annually to the State Education Department when those agencies receive funds from either the Education for All Handicapped Children Act or from Public Law 89-313 (assistance for handicapped children in State-operated or State-supported schools).

Several of these agencies, such as the Division for Youth and the Office of Mental Retardation and Developmental Disabilities, are developing their own internal Committees on the Handicapped to help identify, evaluate and place children with handicapping conditions.

These state agency efforts to identify, evaluate and place handicapped children are monitored by the Bureau of State-Operated and State-Supported Schools and assisted by training staff of the Bureau of Program Development within the Office for Education of Children with Handicapping Conditions. (See MONITORING and TRAINING sections of the Plan)

Data from other State agencies for the early years (0-2), is not reported, although it is doubtful that any State agency cares for many children in this age group.

MONITORING ACTIVITIES

Monitoring staff of the Office for Education of Children with Handicapping Conditions (OECHC), may discover unserved or underserved children during site visits.

If serious deficiencies are found in public or private school programs, children are referred to Committes on the Handicapped for alternate places, and Regional Associates work with committees to find such placements.

OECHC staff will also be available to carryout our court ordered mandates for improvement of New York City special education (see MONITORING section)

SPECIAL PROJECTS

Early Childhood Direction Centers, sponsored by the Office for Education of Children with Handicapping Conditions, have, during the first two months of operation, responded to over 450 requests from parents conserning services for handicapped children ages birth to five. They have assisted over 400 parents and professionals in locating appropriate services for young handicapped children and referred 168 children identified as handicapped to the local Committees on the Handicapped. Of these requests, 89 were referrals from the Regional Perinatal Centers for children born in intensive care nurseries across the State.

As a result of the efforts of the Early Childhood Direction Centers and new preschool classes for handicapped children, 9,290 children are now receiving special education services.

OECHC has also funded an inner city project in Buffalo, which is serving 30 children ages birth to five, and will provide $286,000 for a New York City Center which will serve over 100 children.

HOW WE SERVE THE CHILDREN THROUGH EARLY CHILDHOOD EDUCATION - CURRENT ACTIVITIES

The Office for Education of Children with Handicapping Conditions is actively involved in improving the delivery of services to young handicapped children and their families. Funding early childhood projects, and making parents more aware of such projects, is an important office activity.

MANDATED SERVICES

Under Article 89 of the Education Law, programs and services are currently mandated for the following handicapped children below the age of five:

- blind, deaf and severely physically handicapped children between the ages of 3 and 21 served in State-operated and State-supported schools,
- deaf infants less than three years of age served in approved educational facilities, and
- handicapped children below the age of 5 whose parents have successfully petitioned the Family Court for transportation, tuition and/or maintenance costs.

In addition, each school district must locate, identify, and keep a register of handicapped children from birth to 21 years of age.

Currently, a variety of resources are available to assist in the education of preschool handicapped children and their parents including: Title VI-B, Title IV-C and P.L. 89-313 funds, State Incentive and State Implementation Grant funds.

The Office for Education of Children with Handicapping Conditions is expressing its commitment to young handicapped children by providing funding for early childhood programs, supporting programs which offer direction to parents and others who require help in finding appropriate services, funding parent training, developing products and resources, training, and by working with other State agencies and organizations to pool the resources and expertise which are available to help these children.

All early childhood programs and activities are administered through the Bureau of Program Development within the Office for Education of Children with Handicapping Conditions. Emphasis is currently centered around State-level planning and coordination as well as improving the delivery of services at the local level.

STATE OPERATED SCHOOLS

Section 200.6 of the Commissioner's Regulations provides for educational services to blind, deaf and severely physically handicapped children in State-operated schools. Currently, children with these handicapping conditions between the ages of 3 and 21 may be educated with the assistance of state aid.

DEAF INFANT PROGRAM

Since 1974 educational services have been available to deaf infants ages birth to three and their parents. Operating in 28 approved centers across the State, the program provides infants with comprehensive services which emphasize language development and auditory training. Parents are also taught to help their children learn to speak and are given support in accepting their child's handicapping condition.

FAMILY COURT

Under Section 4406 of the Education Law, parents of young handicapped children may petition the Family Court for transportation, tuition, and maintenance costs to approved programs. The school district certifies that the child is handicapped and recommends that services be provided. The State Education Department reviews the requests made for each petition. Based on the review, approval/disapproval is sent to the Family Court. The Family Court Judge may then issue an order so that payment can be authorized to the service provider. The State Education Department must reimburse the county for 50 percent of these costs for approved programs. Currently, 4712 handicapped children between the ages of birth to five receive assistance for instructional programs and transportation through the Family Court in their district of residence.

Currently, the Office for Education of Children with Handicapping Conditions is responsible for administering the approval of Family Court orders under section 200.11 of the Commissioner's Regulations pursuant to section 4406 of the Education Law.

In an attempt to insure quality services and programs for young handicapped children, the Office for Education of Children with Handicapping Conditions has established criteria for approval of Family Court orders that apply to all Family court orders for handicapped children below the age of five. These criteria are:

- Children should be identified by a physician, psychologist and other appropriate professionals certified in the area most relevant to the child's handicapping condition. Wherever possible, it is encouraged that children be reviewed by the local Committee on the Handicapped in the district of residence. Children handicapped because of physical, mental, emotional reasons, having severe speech and language impairments, autism or specific learning disabilities as defined in the Commissioner's Regulations will be eligible.

- Programs, staffing, certification, class size and services should be reviewed on an individual basis according to the specific needs of the handicapped child identified on the petition. The following minimum requirements are necessary before approval can be granted:

  o IEP - An IEP must be developed for each child in a planning conference in accordance with the Commissioner's Regulations, no later than 30 school days after entry into the preschool program. Instructional and remedial services should be provided promptly following the development of the IEP and reviewed periodically.

  o Certification - All teachers providing special education services must be certified in the appropriate area(s) of special education.

  o Related Services - Must be provided by appropriately certified or licensed specialists (eg. speech therapy by a speech therapists, physical therapy by a physical therapist, etc.) for children who require such services.

- o Least Restrictive Environment - Each child should be educated in a setting that is closest to his/her district of residence and with non-handicapped children whenever possible.

- o Length of Day - Classroom programs must be available to the child at least half a day (2½ hours), five days per week. Exceptions regarding frequency of attendance will be reviewed on an individual basis upon receipt of supporting information from the local Committee on the Handicapped or the physician, psychologist, parents and appropriate specialists. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs of the child.

- o Home-Based Infant (birth to 2) Programs - Special education services must be offered a minimum of two contact hours per week. Related services should be provided in addition to the minimum. The frequency of contacts and related services should be specified on the child's IEP based upon the individual needs of the child.

CENSUS

Section 200.12 of the Commissioner's Regulations requires each school district to locate and identify all handicapped children from birth to 21 years of age. The local Committee on the Handicapped must maintain and annually revise a register of all handicapped children living in the district. (See also DATA section of the Plan.)

GRANTS

STATE IMPLEMENTATION GRANT

In September 1979, New York received a grant for $86,455 through Part C of the Education for the Handicapped Act to coordinate state planning for early childhood education. The emphasis of this grant is focused on handicapped infants and activities include: matching service needs through the Direction Centers, providing technical assistance and consultation to parent training projects, initiating interagency agreements, coordinating funding available, State-level planning and coordination and developing an accredited continuing medical education course for doctors and other health personnel.

TADS

The Technical Assistance Development System (TADS) located at the University of North Carolina at Chapel Hill provides a broad mix of program support, consultive services, information, research and technical

assistance to the Network of State Implementation Grants. All are administered by the Bureau of Education for the Handicapped in Washington. TADS is currently assisting New York State by providing consultants from other State Education Departments in the areas of: developing program guidelines, regulations, interagency agreements and evaluation designs.

HCEEP - DEMONSTRATION AND PROJECTS

The Handicapped Children's Early Education Program (HCEEP) administered through the Bureau of Education for the Handicapped in Washington supports eight (8) demonstration projects in New York State and one (1) research institute. The expertise of project staff is utilized to provide consultants to parent training projects and others interested in specific program models.

HANDICAPPED POPULATION AGES 3-5 BEING SERVED IN HCEEP DEMONSTRATION PROJECTS

Project Location	Number of Children
East River Montessori School	8
Cantalician Center	40
New York City Board of Education	60
Greater Amsterdam School District	23
Putnam/Northern Westchester BOCES	31
Elmira City School District	80
Bronx Development Center	12
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STATE INCENTIVE GRANT

In 1979, New York State received a State Incentive Grant in the amount of $386,510 based on a count of 5,123 children ages 3 to 5. This grant supports 50 Parent Training Projects located in SETRC Centers across the State. The parent training models focus on assisting parents to function as the child's first teachers and parents role in the IEP Planning Conference. Staff provide parents with information and specific skills needed to work more effectively with their handicapped child at home. New York has applied for a second year of funding which will allow additional parent training sites to be funded across the State.

PRESCHOOL PROGRAMS

Title VI-B funds are currently being used to fund preschool programs throughout the State. Currently, 30 preschool programs offer direct services to preschool handicapped children. These projects are intended to assist local districts in initiating models for delivering special education services to the preschool population.

HEAD START

In New York, Head Start programs offer preschool handicapped children an opportunity for services with non-handicapped children. Many handicapped children enrolled in Head Start programs receive support for transportation costs through the Family Court. Special services, consultants, staff training and the development of Individualized Education Programs are examples of how Head Start personnel are meeting the needs of young children with a variety of handicaps. These resources of Head Start offer valuable opportunities for integrating handicapped children with non-handicapped children.

BREAKDOWN BY HANDICAPING CONDITIONS FOR HANDICAPPED CHILDREN AGES 3-5 BEING SERVED IN HEAD START PROGRAMS

Handicapping Conditions Served		
Mental Retardation		108
Severe Emotional Disturbance		241
Deaf		5
Hearing Impaired		58
Blind		23
Visually Impaired		63
Physically Handicapped		121
Specific Learning Disabilities		112
Speech Impaired		820
Health Impaired		383
	Total	1,934

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DIRECTION CENTERS

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In addition to preschool projects, the Office for Education of Children with Handicapping Conditions currently supports 18 Direction Center projects throughout New York State. The Direction Centers are designed to assist parents and professionals in matching the individual needs of young handicapped children with local services capabilities within the regions. The Direction Centers provide information concerning educational, medical, and social services and assist parents in matching the individual needs of children with the services available nearest to the child's home. The

Direction Centers also report children identified as handicapped to local Committees on the Handicapped in order to assist the districts in keeping accurate records concerning the number of handicapped children below the age of five. Follow-up, assistance in petitioning the Family Court, referral to appropriate agencies, and information on parents' rights are also provided.

A variety of models are used in Direction Centers across the State. The center located near Rochester is an example of a unique combination of services being offered to an eight-county area. A regional perinatal center, a university-affiliated medical center and two local education agencies (LEAs) work together to identify handicapped newborns and provide services throughout the early years.

With point funding from the State Education Department and the Disabled Children's Program, the Rochester area Direction Center maintains a small staff, including a coordinator, a social worker, a telephone counselor and a special education teacher. They coordinate interagency activities and provided information and counseling to parents who call or are referred for help.

When a child is identified by the perinatal center as either having a congenital birth defect or being at risk of developing a handicap, the parents are contacted by the center's staff. They offer information about medical services, special education programs, parent education, financial assistance and community services available to children and families. The early intervention with parents gets infants into the service delivery system as early as possible. And since the perinatal center received nearly all the referrals for the region, most target families are reached.

Once individual educational, medical, and social needs are determined, systematic follow-up insures that services are responsive to the changing situation of the child and family. The staff are always available with help in arranging evaluations and placements into appropriate educational settings.

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The combined resources of the Rochester Regional Early Childhood Direction Center make it possible to coordinate referrals in an organized fashion which might otherwise be haphazard. Close ties with area obstetricians, pediatricians, hospitals, social workers and school personnel insure availa-

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bility of comprehensive services at crucial developmental periods for the young handicapped child and the family. By combining the expertise of each participating agency, public and nonpublic services have been better utilized and duplication avoided.

CONDUCTING TRAINING

PARENT EDUCATION

Resources are available through the Special Education Training Resource Centers (SETRC) to assist parents with information and skills needed to work more effectively with their handicapped child at home. Through the SETRC network, parent education sessions are conducted for interested parents. Training sessions emphasize topics such as: parents' participation in the IEP Planning Conference, providing information skills, and materials that will assist parents in working more effectively with their child at home.

The Office for Education of Children with Handicapping Conditions has conducted training sessions for special education teachers and other personnel working with preschool handicapped children in public school programs. Topics have centered around assessment, early identification, material selection, legislation, and working with medical profession. Based upon a needs assessment with two special education teachers, the following priorities were identified for additional inservice training sessions.

Inservice Training

Developing Specific Skills for Working with Infants (birth - 2)
Coordinating with
- Speech/Language Therapist
- Physical Therapist
- Occupational Therapist

Developing Specific Skills for Working with Preschoolers (3-5)
Working with Parents
Integrating Handicapped Children with Non-Handicapped
Working with other Agency Personnel (especially pediatricians)
Reporting and Evaluating Progress
Developing an Individualized Education Program

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STATEWIDE TRAINING

Statewide training has also been organized and conducted by early childhood staff within the Bureau of Program Development. Training sessions have been conducted for the following groups:

- OECHC Personnel,
- Direction Center Staff,
- Parent Training Staff,
- Special Education Teachers,
- Special Education Directors,
- New York State Trainers,
- School Board Members,
- Private Agency Representatives, and
- Parents of Young Handicapped Children.

For information about the number of persons trained by early childhood staff in Albany and throughout the State, see the charts at the end of the TRAINING section.

WORKING WITH OTHER AGENCIES

INTERAGENCY COUNCIL

The Interagency Council for preschool handicapped children was initially organized as an advisory group to the State Implementation Grant for Early Childhood Education of the Handicapped. The Interagency Council, represented by state agency personnel, is attempting to determine who in the agency network is currently providing what services to this population and how these services are being delivered. Understanding the problems inherent in identification, coordination, and consolidation of resources across agencies for this population is complex. In the past year activities have focused attention on giving input to the Bureau of Program Development concerning services to preschool handicapped children at the state and local level by:

- identifying available services,
- identifying services needs,
- identifying agency mandates regarding responsibility for the delivery of services to preschool handicapped children,
- facilitating cooperation among agencies,
- providing information and awareness of early childhood activities to agency personnel, and

- assisting in the dissemination of information regarding parent training, medical, educational and social services, funding, evaluation and assessment for children in need of special help.

INTERAGENCY AGREEMENTS

The Disabled Children's Program and the Office for Education of Children with Handicapping Conditions are currently working together in one of the larger management regions on a joint Direction Center Project for young handicapped children and their parents. This project is a cooperative effort between State and local agencies and incorporates the expertise of medical, social, and educational personnel in assisting parents in finding services for their young handicapped children. The project ties in the Regional Perinatal Center, University staff, special educators, social workers and other pediatric personnel in an attempt to provide direct and exemplary services, training, technical assistance and referral for handicapped infants at birth. This project serves an eight-county area and emphasizes coordination with all agencies at the state and local level.

PRIVATE AND VOLUNTARY AGENCIES AND ORGANIZATIONS

The Direction Center staff works, closely with private agency personnel and voluntary organizations to offer parents information concerning alternative services available within the regions. Day-care centers, private nursery schools, associations and parent groups are examples of the Directions Centers' attempts to utilize all available programs and services for young children. Representatives from these local organizations also providing direction services and parent education.

DEVELOPING AND DISSEMINATING PRODUCTS AND RESOURCES

Early childhood materials, training information, parent materials, films, videotapes, and other resources have been added to the Bureau of Program Development's library. These products are available on loan to parents, professionals, and others working with young handicapped children. A matrix of programs and services available for preschool handicapped children, Early Childhood Direction Center brochures, and a booklet entitled "How I Grow, Ages Birth to Five" will be made available through the Direction Centers and the Bureau's library to assist in the process of accessing information and services. In addition, information on Parents' rights, functioning of the Committee on the Handicapped and Individualized Education Programs (IEP's) are provided for parents and professionals working with young handicapped children.

FUTURE PLANS

The Office for Education of Children with Handicapping Conditions supports legislation which would mandate education for handicapped children who have attained the age of three if they are developmentally delayed, as defined and determined in accordance with regulations adopted by the Commissioner of Education, to such a degree that special services or programs are needed to be provided at age three in order for the child to benefit from a school program at age five.

This legislation, which was introduced but not passed during the 1979 legislative session, is expected to be again considered during the 1980 legislative session.

CHARTS

On the next several pages are charts providing information about the education of children aged three to five in New York State

- CHART ONE shows the number of children aged 3 and 4 being served in local school districts during 1978 and 1979
- CHART TWO shows the number of facilities that have preschool handicapped children petitioned through Family Court
- CHART THREE shows the number of children aged 3-5 being served in state facilities by petitions through Family Court

CHART ONE

HANDICAPPED POPULATION AGES 3-5 BEING SERVED AS REPORTED BY SCHOOL DISTRICTS 1978-1979

	Age 3 and 4
Educable Mentally Retarded	352
Trainable Mentally Retarded	351
Emotionally Disturbed	205
Severely Speech Impaired	256
Deaf	81
Hard of Hearing	25
Legally Blind	25
Partially Sighted	5
Physically Handicapped (Orthopedic)	245
Other Physically Handicapped	535
Specific Learning Disabled	83
Other Speech Impaired	227
SUBTOTAL	2,390

CHART TWO

NUMBER OF FACILITIES THAT HAVE PRESCHOOL HANDICAPPED CHILDREN PETITIONED THROUGH FAMILY COURT

COUNTY	PRIVATE	PUBLIC	HEAD START	COUNTY	PRIVATE	PUBLIC	HEAD START
Albany	12			Herkimer		1	
Allegany		1		Jefferson	1		
Broome	6			Lewis	1		
Cattaraugus	1			Livingston	2		
Cayuga	1			Madison	1		
Chautauqua	2	1		Monroe	5	3	
Chemung	1			Montgomery	1		
Chenango		1		Nassau	9	5	
Clinton		1		New York	3		
Columbia		1		Bronx	5		
Cortland				Kings	5		
Delaware	1			Queens	2		
Dutchess	2		1	Richmond	1		
Erie	9	2		Niagara	1		
Essex				Oneida	4		
Franklin	1			Onondaga	13	1	
Fulton				Ontario	1		
Genesee	1	2		Orange	3	1	
Greene	1			Orleans	1		
Hamilton				Oswego		1	

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COUNTY	PRIVATE	PUBLIC	HEAD START
Otsego			1
Putnam	1		
Rensselaer	2		1
Rockland	2		
St. Lawrence		1	
Saratoga	1		
Schenectady	3	1	1
Schoharie			
Schuyler			
Seneca			
Steuben		1	

COUNTY	PRIVATE	PUBLIC	HEAD START
Suffolk	5	5	
Sullivan	1	1	
Tioga			
Tompkins			
Ulster	1		
Warren			
Washington			
Wayne	1		
Westchester	8		
Wyoming			
Yates			

CHART THREE

HANDICAPPED POPULATION AGES 3-5 BEING SERVED IN STATE FACILITIES BY PETITIONS THROUGH THE FAMILY COURT

1978-1979

County	Number of Children	County	Number of Children	County	Number of Children
Albany	224	Hamilton	1	Rensselaer	89
Allegany	20	Herkimer	17	Rockland	160
Broome	57	Jefferson	5	St. Lawrence	47
Cattaraugus	39	Lewis	3	Saratoga	74
Cayuga	21	Livingston	44	Schenectady	71
Chautauqua	93	Madison	11	Schoharie	5
Chemung	8	Monroe	303	Schuyler	2
Chenango	11	Montgomery	31	Seneca	3
Clinton	15	Nassau	410	Steuben	3
Columbia	31	New York City	465	Suffolk	884
Cortland	11	Niagara	112	Sullivan	44
Delaware	6	Oneida	14	Tioga	3
Dutchess	28	Onondaga	210	Tompkins	17
Erie	492	Ontario	9	Ulster	43
Essex	0	Orange	96	Warren	10
Franklin	4	Orleans	96	Washington	14
Fulton	17	Oswego	28	Wayne	28
Genesee	26	Otsego	5	Westchester	182
Greene	42	Putnam	66	Wyoming	30
				Yates	1
				SUBTOTAL	4,712

CHILDREN WITH HANDICAPPING CONDITIONS IN NONPUBLIC SCHOOLS

While many children in New York State are educated in public schools, some parents choose to send their children to private schools, including schools affiliated with religious groups.

Handicapped children in New York State who attend these private schools can receive services from the public school district in which the school is located if the parents request such services in writing from the district's Board of Education.

The law defines services as "instruction in...occupational and vocational education and education for students with handicapping conditions, and counselling, psychological and social work services related to such instruction..." Handicapped private school children can receive these services only if they are also available to handicapped public school children.

By New York law (Section 360-c of the Education Law), the parents' written request must be filed on or before the first day of June preceding the school year for which the request is made. If the school district's Board of Education refuses the request, the parents can appeal the decision to the Commissioner of Education.

Boards of Education can contract with Boards of Cooperative Educational Services (BOCES), to provide the services listed above to private school children, and transport these children to public schools if the distance to the private school is more than a quarter of a mile. Section 3602-c of the Education Law also states that nonpublic school students cannot receive services separately from pupils who regularly attend the public school, but must be taught in the same classroom.

When private school handicapped children receive services from the public schools, the children are evaluated by the public school district's Committee on the Handicapped and must have an Individualized Education Program. The IEP must be developed within 30 school days of the date the child is first classified as handicapped (see section on "Guaranteeing Rights") and should be developed with a representative of the private school participating. Federal regulations require that a private school be allowed to initiate and conduct reviews of IEP's for their children at the discretion of the school district which the child is from. Parents and school district officials must be present at such meetings and agree to any changes.

Your child must be given tests that assess his/her developmental skills as well as intelligence tests.

Your child must receive a physical and psychological examination, and a social history must be written to insure that he or she is assessed in all areas related to the suspected disability. If necessary, other professionals should supply information about your child.

If your child has a motor, vision or hearing problem, adjustments must be made in the testing procedures to make certain that an accurate evaluation is made of your child's abilities.

More than one test must be used to evaluate your child and the tests should be properly validated. The results of the evaluation process must be reviewed by the full multidisciplinary Committee on the Handicapped. Federal regulations require information from all these different sources to be documented. Of course, if evaluation data shows that your child does not need instruction in a special setting, he or she will remain in a regular classroom.

To have your school-age child evaluated, write a letter to the chairperson of the Committee on the Handicapped. State that you believe that your child may need special education services. Keep a copy of the letter.

PRE-SCHOOL AGE CHILDREN

If you, your child's physician or another professional suspects that your pre-school child may need special education services, your district will assist you in finding an agency that will evaluate your child's needs. Your district may be able to do an educational assessment of your pre-school age child; however, if the district does not have a staff trained to work with very young children, it will help you find a place in your community that is able to evaluate your child's needs.

To have your pre-school child evaluated, write a letter to the Committee on the Handicapped in your local school district. Briefly expain your child's problems and ask for the Committee's assistance in having your child evaluated.

THE INDIVIDUALIZED EDUCATION PROGRAM

If your child needs special education, your district must, by State regulation, see that a written Individualized Education Program (IEP) is -

developed and implemented for your child. The following information from The Individualized Education Program, A Guide for Development, describes New York State's IEP process.

In New York State, the process of preparing an Individualized Education Program begins when a child is referred to the Committee on the Handicapped and continues, with at least annual review, as long as the child requires special education or until the child receives a high school diploma, or the child's 21st birthday. The IEP process consists of two major phases followed by actual implementation and review procedures.

Phase I: includes all activities of the Committee on the Handicapped which take place before a child is placed in a special education program or if the Committee believes that the child's classification and placement needs to be changed, modified or continued as a result of the child's progress at least once a year.

The charts on the following pages outline steps in both Phase I and Phase II.

Sequence of Events	Persons Responsible/or Parties Involved	Productive Outcome	Form of Reporting Documentation
PHASE I			
1. Referral of child thought to be handicapped for identification and placement to the Board of Education or the Committee on the Handicapped (COH) appointed by the Board.	-parental or guardian -professional staff members of the school district -licensed physician	-children thought to be handicapped become known to COH	-written referral received by the Board of Education or COH -referral form designed by the school may be available
2. Existing information and reports on the child are collected and reviewed by the COH; decisions made about need for additional testing.	-COH chairperson, other committee members and parents	-existing information organized and a plan for additional testing is developed if needed	-information available in official student record on file in the school district
3. Notification to parents requesting written consent for additional pre-placement evaluation.	-COH chairperson or designee	-parent is aware of proposed evaluation and its intended uses	-form developed by school district

PREPARING AN INDIVIDUALIZED EDUCATION PROGRAM

Federal regulations state that an Individualized Education Program (IEP) must be in effect before special education and related services are provided to a child, and be implemented as soon as possible following meetings to develop, review or revise the IEP (121a342).

New York State's Education Commissioner's regulations (200.4 (b)(2) note that planning conferences to develop an IEP must be conducted as soon as possible, but no later than 30 days, after a child enters a special education program.

Federal regulations appear to reflect a concern that no handicapped child be educated without an IEP: New York State's regulations reflect the philosophy that an IEP cannot be properly developed until a child's specific setting and teacher are known and involved in the process.

At the request of the Federal government, New York State has provided a detailed description of the State's IEP process in this Plan which notes that:

- a local Committee on the Handicapped must evaluate a child for a suspected handicapping condition within 30 days of referral
- a child must be pre-placed in a special education setting for continuing diagnosis and completion of an IEP within 30 days after a handicapping condition has tentatively been identified
- an IEP must be developed and finalized within 30 days of the child's entrance into the special education program for pre-placement evaluation and prior to final placement decisions.

EARLY CHILDHOOD EDUCATION

Last year, the New York State Senate passed, but the Assembly rejected a bill which would have required boards of education to provide instruction to severely emotional disturbed children, autistic children, or children with a development lag at least one third below chronological age if those children were between 3 and 5 years of age.

In 1980, similar legislation will again be introduced in the State legislature. The Governor's Executive Budget proposes making Board of Education and not the Family Court, responsible for providing education to seriously handicapped children between the ages of three and five.

In January, the Commissioner's Advisory Panel resolved that, while it strongly supports quality programming for all pre-school children with handicapping conditions at no cost to local school districts, it opposed the Governor's proposals because of a lack of clarity about the education needs of the population to be served and the likelihood that numbers of handicapped children currently being served would no longer be eligible for services.

However, problems confronting parents of young handicapped children still remain, and are briefly listed below. These problems include:

- inconsistencies, barriers and overlaps between agencies providing services to these children so that one child may be able to benefit from several programs, while another child receives no services
- a complex and time-consuming Family Court process
- costly and confusing evaluations of the source of a child's physical or behavioral problems
- reluctance by parents to label a young child handicapped.

INTERAGENCY COOPERATION

In previous years this Plan has described how the Education Department has cooperated with other state agencies. Examples of cooperation include joint program review visits to out of state schools, and participation on advisory committees. Internally, the Office for Education of Children with Handicapping Conditions has participated in joint seminars with vocational rehabilitation and occupational education staff.

Nevertheless, there is still a good probability that a child being served in a developmental center may not be known to the local school district or that a handicapped child eligible for services may be unknown to the Office of Vocational Rehabilitation.

While everyone agrees that competing service programs for handicapped children and adults should be merged to the extent possible, and funding simplified, there are several factors which discourage such a merger. These include:

- federal and state laws passed at different times, and with different requirements for eligibility and service

- different concepts about the origin of, and proper treatment for, particular handicapping conditions, especially emotional handicaps

- large bureaucracies, with different histories and approaches to problems, and too few staff and too little time to analyze and become familiar with other agency programs.

APPENDIX I

525 EAST 68th STREET, NEW YORK, N.Y. 10021

THE NEW YORK HOSPITAL-CORNELL MEDICAL CENTER

OFFICE OF THE CHAIRMAN
DEPARTMENT OF PEDIATRICS

July 29, 1980

Ms. Priscilla Fullington
New York State Education Department
Office of Education of Children with
Handicapping Conditions
Division of Development Support Services
Bureau of Program Development
Education Building Annex - Room 1061
Albany, New York 12234

Dear Ms. Fullington:

The Department of Pediatrics at The New York Hospital-Cornell Medical Center strongly endorses the establishment of an Early Childhood Direction Center at our Institution.

The Direction Center would provide important and necessary services for handicapped children who had been hospitalized in the Neonatal Intensive Care Unit and for pediatricians on our staff who identify and treat handicapped children below school age. We hope that an Early Childhood Direction Center will be instituted at The New York Hospital.

Sincerely yours,

Maria New

Maria New, M.D.
Chairman
Department of Pediatrics

The Jewish Hospital and Medical Center of Brooklyn

555 PROSPECT PLACE
BROOKLYN, N.Y. 11238

May 30, 1980

Priscella Fullington, R.N.
State Education Department
Bureau of Program Development
EBA 1066
Albany, New York 12234

Dear Ms. Fullington:

The Department of Pediatrics and Division of Newborn Medicine of the Jewish Hospital and Medical Center of Brooklyn would like to express its interest in developing a "Handicapped Children's Early Education Program" at our hospital.

We have felt the need for such a program at JHMCB which serves an extremely high risk perinatal and pediatric population. We see the possibility of receiving funds for such a program as an important opportunity for our patients and the neighborhood we serve.

We look forward to hearing from you in the near future.

Sincerely,

Hugh Evans

Hugh Evans, M.D.
Director of Pediatrics

HE/dw

FEDERATION OF
JEWISH PHILANTHROPIES
OF NEW YORK

APPENDIX J

NEW YORK STATE EDUCATION DEPARTMENT
EARLY CHILDHOOD DIRECTION CENTERS
RAMADA INN, ALBANY, NEW YORK
OCTOBER 6 & 7, 1980

MONDAY, OCTOBER 6, 1980

TIME	TOPIC	PRESENTOR	LOCATION
12:30 p.m. - 1:00 p.m.	Registration		Lobby Outside the Squire Room
1:00 p.m. - 1:30 p.m.	"Welcome" Update on Early Childhood Activities	Priscilla Fullington	Squire Room
1:30 p.m.	New Screening Requirements Chapter 53	Carol Furman	Squire Room
2:30 p.m.	Family Court Update	Michael Plotzker	Squire Room
3:15 p.m.	Break (Coffee, Coke and fruit)		
3:30 p.m.	Family Court Questions and Answers		
4:00 p.m.	Reporting Requirements	Carol Furman	Squire Room
5:00 p.m.	"What Do We Do Now?" (New Project Staff)	Carol Furman	Squire Room
5:30 p.m.	Adjournment		

EARLY CHILDHOOD DIRECTION CENTER MEETING
OCTOBER 6-7, 1980 agenda continued...

TIME	TOPIC	PRESENTOR	LOCATION
8:00 a.m.	Coffee, tea, sanka and danish		Squire Room
8:30 a.m.	Orientation for New Project Staff	Michael Plotzker	Towne Room
9:45 a.m.	Alternative Approaches for Working with Perinatal Centers	Priscilla Fullington Michael Plotzker	Squire Room
10:15 a.m.	Panel on Model Practices Direction Center staff working with the following Perinatal Centers: * The Children's Hospital of Buffalo * The University of Rochester Medical Center * Syracuse Upstate Medical Center * New York Hospital * Downstate Medical Center		Squire Room
11:30 a.m.	Lunch		Pool Side
12:30 p.m.	"Developing Effective Communication Skills"	Ryland Hewitt, Ph.D. Director English Language Institute of Albany Kathy Molbegott	Squire Room
1:00 p.m.	Using the Telephone as a Communicative Tool" Group A Group B Group C	 Priscilla Fullington Michael Plotzker Carol Furman	 Squire Room Towne Room The Loft
2:00 p.m.	Individual Communication Profiles & Direction Center Discussion Group	Ryland Hewitt, Ph.D. Kathy Molbegott Michael Plotzker Carol Furman	Towne Room The Loft Squire Room
4:00 p.m.	Evaluation of Projects Adjournment	Michael Plotzker	Squire Room

NEW YORK STATE EDUCATION DEPARTMENT
EARLY CHILDHOOD DIRECTION CENTER
DIRECTORS MEETING
JULY 20, 1981 - JULY 21, 1981
HOLIDAY INN
COLONIE, NEW YORK

AGENDA

MONDAY, JULY 20, 1981

TIME	TOPIC	PRESENTOR	LOCATION
12:00 noon	Registration		Lobby
1:00 p.m.	- Future Considerations for Early Childhood Direction Centers - Early Childhood Direction Center Objectives 1981-1982 - Legislation for Preschool Handicapped Children - Summary of New Regulations for School-Aged Handicapped	Lawrence Gloeckler	Towne
2:30 p.m.	Break		
2:45 p.m.	Paradigm of Time	Michael Plotzker Tom Neveldine	Towne
3:15 p.m.	Time Management Sort	Michael Plotzker Tom Neveldine	Towne
4:00 p.m.	Time Management Analysis	Michael Plotzker Tom Neveldine	Towne
4:15 p.m.	Development of Suggestions	Michael Plotzker Tom Neveldine	Towne
4:45 p.m.	Whole Group Feedback	Michael Plotzker Tom Neveldine Carol Furman	Towne

EARLY CHILDHOOD DIRECTION CENTER MEETING
TUESDAY, JULY 21, 1981

TIME	TOPIC	PRESENTOR	LOCATION
8:00 a.m.	Coffee, tea, Danka and danish		Lobby
8:30 a.m.	- Summary of First Eight Months Early Childhood Direction Centers - Reporting Procedures-Evaluation Design	Carol Furman	Towne
9:30 a.m.	"How Can I Assist"	Michael Plotzker Mary Foley-Wittig	Towne
11:00 a.m.	Break		
11:15 a.m.	Family Court Update (Questions & Concerns) Deaf Infant Program	Carol Furman Michael Plotzker	Towne
12:00 noon	Lunch		
1:00 p.m.	Funding Process - (Group Sharing)	Diane Apter (Group Leader) Mary Foley-Wittig	Village
	Individual Project Negotiations	Michael Plotzker Carol Furman	Towne
1:30 p.m.	Training Needs - (Group Sharing)	Ann Dembowski (Group Leader) Mary Foley-Wittig	Village
	Individual Project Negotiations	Michael Plotzker Carol Furman	Towne
2:00 p.m.	Outreach to Minority Populations-(Group Sharing)	Gail Ross (Group Leader) Mary Foley-Wittig	Village
	Individual Project Negotiations	Michael Plotzker Carol Furman	Towne
2:30 p.m.	Gaps in Services-Suggestions-(Group Sharing)	Peggy MacDonald Mary Foley-Wittig	Village
	Individual Project Negotiations	Michael Plotzker Carol Furman	Towne
3:00 p.m.	Break		
	Individual Project Negotiations	Michael Plotzker Carol Furman	Towne
3:30 p.m.	Long Term and Short Term Follow Up (Group Sharing)	Judi Green (Group Leader) Mary Foley-Wittig	Village
	Individual Project Negoitations	Michael Plotzker Carol Furman	Towne
4:00 p.m.	Adjourn Individual Project Negotiations	Carol Furman	Towne

APPENDIX K

EARLY CHILDHOOD DIRECTION CENTER

BI-MONTHLY REPORTS

1980-81

Each Report Should Include:

Summary Data Sheets
A - D
and

Achievement Summary Narrative
by Objective

Reports Due:
October
December
February
April
June
August

GLOSSARY

INFORMATION

A variety of short direct responses to relatively simple questions through telephone calls, written responses, discussions, etc. Responses to information requests should involve a minimum of research and would not necessitate the need for followup or further action. "Could you tell me the name of the CSE chairman in my district?", "Which law deals with the Family Court?", or "Can you send me a copy of a Family Court petition?", are examples of information requests. After responding to a request for information, one should have the sense of task completion, no further action necessary.

ASSISTANCE

A variety of activities or multiple responses to written or verbal requests designed to provide the necessary help or aid in linking services to children. These activities are active in nature requiring direct action other than simple oral or written responses. Assistance activities require "follow along" over a period of time, and may be complicated in nature. They typically require coordination and communication with other agencies and professionals, usually on a continual basis. For example, a parent who requests help in locating an appropriate speech/language evaluation. After responding to an initial request for assistance you should have a plan for action and be involved in the necessary "follow along" activities.

CHILDREN MATCHED TO SERVICES

The number of handicapped children below the age of five matched to services regardless of the number of services with which they have been linked. For example, three children matched to 11 services would be counted as three.

SERVICES MATCHED TO CHILDREN

The number of medical, social, and/or educational services for which you have actively assisted in matching. The number of services that the Direction Center has linked or assisted in linking the handicapped child to that the child was not receiving prior to Direction Center involvement.

PARENTS ASSISTED/PROFESSIONALS ASSISTED

The number of parents or professionals initially assisted. Other activities after the initial assistance request will be reported under "follow along" activities.

FOLLOW ALONG

Activities necessary for providing assistance after the initial request for assistance has been made and which continue from the time between receiving the request and making the match. For example, coordinating meetings, obtaining evaluation reports, and setting up appointments to programs.

FOLLOW-UP

The written or verbal activities conducted; directly following a match to services to assure, as a result of the match, services are operational and on a long term basis to determine if the needs of the family have changed requiring further involvement of the Direction Center.

AGENCY: _____

DATE: _____

REPORT:
_____ OCTOBER
_____ FEBRUARY
_____ APRIL
_____ JUNE
_____ AUGUST

FAMILY CHILDHOOD DIRECTION CENTER

BI MONTHLY REPORT 1980-81

SUMMARY DATA SHEET A

ASSISTANCE

0-2 this report	0-2 (cumulative)		3-5 (new this report)	3-5 (cumulative)
____	____	Number of children matched to services.	____	____
____	____	Number of services matched to children.	____	____
____	____	Number of parents of preschool handicapped children assisted.	____	____
____	____	Number of professionals or agencies assisted.	____	____
____	____	Number of children referred to COH.	____	____
____	____	Number referred to COH who were new to COH register.	____	____
____	____	Number of referrals from Regional Perinatal Centers.	____	____
____	____	Number of handicapped children whose parents have been assisted through the Family Court.	____	____
186	____	Number of agenices assisted with the Family Court process.	____	187
____	____	Number of children from these agencies impacted on.	____	____
____	____	Number of parents referred to SETRC.	____	____
____	____	Number of follow along activities for parents.	____	____
____	____	Number of follow along activities for professionals/agencies.	____	____
____	____	Number of follow up contacts to parents.	____	____
____	____	Number of follow up contacts to professionals/agencies.	____	____

AGENCY _____

DATE _____

REPORT:
_____ OCTOBER
_____ DECEMBER
_____ FEBRUARY
_____ APRIL
_____ JUNE
_____ AUGUST

EARLY CHILDHOOD DIRECTION CENTER
BI MONTHLY REPORT 1980-81
SUMMARY DATA SHEET B

INFORMATION

NUMBER OF PARENTS	Information provided by Early Childhood Direction Center related to:	NUMBER OF PROFESSIONALS
_____	Family Court	_____
_____	special education services	_____
_____	medical services	_____
_____	evaluations	_____
_____	funding	_____
_____	social services	_____
_____	parent education	_____
~~188~~	Committee on the handicapped	_____
_____	legal services/advocacy	_____
_____	Early Childhood Direction Centers	_____
_____	Other	_____
_____	TOTAL	_____

REGIONAL EARLY CHILDHOOD DIRECTION CENTER
BIMONTHLY REPORT
SUMMARY DATA SHEET C

NUMBER OF HANDICAPPED CHILDREN MATCHED TO SERVICES

	Number of Children				
HANDICAPPING CONDITION	Ages birth-1	Ages 1-2	Ages 2-3	Ages 3-4	Ages 4-5
Educable Mentally Retarded					
Trainable Mentally Retarded					
Austistic					
Emotionally Disturbed					
Severly Speech/Language Impaired					
Deaf					
Hard of Hearing					
Legally Blind					
Partially Sighted					
Physically Handicapped (Orthopedic)					
Other Physically Handicapped					
Specific Learning Disabled					
Other (Please Specify)					
TOTALS					

SUMMARY DATA SHEET D

DISTRIBUTION OF ASSISTANCE CASES
(INITIAL REQUEST ONLY)

Number of Parents Assisted										
Number of Agencies Assisted										
Subtotal										
% Total Assistance Cases										
Public and Private School Population Ages K-12										
% of Total Public and Private School Age Population										

Q1-C

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY

APPENDIX L

THE UNIVERSITY OF THE STATE OF NEW YORK
The State Education Department
Division of Development Support Services
Albany, New York 12234

FIELD REPORT

A Field Report should be prepared by each professional covering each field trip and a copy filed with the Bureau Chief. These Field Reports should be made out at the earliest convenience of the supervisor but not later than the date on which expense account requests are made for the field visits involved.

1. COMMUNITY VISITED — Early Childhood Direction Center
   Cantalician Center/Buffalo Children's Hospital
   Buffalo, New York
2. DATE OF VISIT — November 19-20, 1980
3. PURPOSE OF FIELD TRIP — To update Bureau staff on project activities and to provide technical assistance to Direction Center staff.
4. PERSONS INTERVIEWED:

NAME	POSITION
Sandra Smith	Coordinator, Early Childhood Direction Center
William Zorn	Co-Coordinator, Perinatal Component, Early Childhood Direction Center
Janice Smith	Social Worker
Michael Plotzker	Bureau Staff

5. FIELD VISIT REPORT:

Initially I met with Sandy, Bill and Janice at the Regional Perinatal Center. All are pleased with the arrangement of Janice working at the Perinatal Center with parents whose children have been admitted to the Neonatal Intensive Care Nursery. Janice makes contact with all families whose children have been admitted to the Intensive Care Nursery initially. She is able to provide these families with support during the initial time the child is spending in the nursery. Upon discharge, those babies who require some type of service intervention, are referred to Sandy at the Direction Center Office at the Cantalician Center. She then would take over the case and proceed appropriately in matching the family and child to the necessary services. Those babies that do not require additional assistance at that time are given the information about the Direction Center should they need assistance in the future. Both Bill and Sandy are pleased with the arrangement and expressed that they felt it was working out to the benefit of both the parents, the hospital and the Direction Center. Sandy explained that the babies who are referred to her, are reported on her bi-monthly report and that any follow-up from that time on, would be conducted by Sandy and Shirley at the Direction Center located at the Cantalician Center. The work that Janice does with those families, while they are in the hospital, and the linkage of those families to additional medical and/or funding services are not reflected currently in the bi-monthly report of the Direction Center. I explained that these activities should also be reflected on the bi-monthly reports, but

separated with an asterisk (*), so that Bureau staff would be able to distinguish this, if needed. I met subsequently with Sandy to discuss which items on the bi-monthly report were appropriate to the Perinatal Center Component. We agreed on these items and all subsequent bi-monthly reports will reflect more accurately, activities being conducted by the Perinatal Component of this project. Sandy and Bill, as Co-Coordinators, of this component of the project, are in touch with each other on a regular basis overseeing activities. Bill expressed some concern over the time consuming nature of this type of reporting activity. I explained that it was important to have accurate information. This was a necessary and important part of the project. Sandy will meet with Janice to discuss a mechanism for keeping an updated log of activities that will lend itself more easily toward the reporting forms. Janice will then forward any of this information to Sandy who will include it within the bi-monthly report of the total Direction Center. Bill felt comfortable with this arrangement and understood the Bureau's need for accurate data.

In a subsequent meeting with Sandy, we discussed additional activities of the Direction Center. I provided Sandy technical assistance in a completion of the remaining forms for the bi-monthly report. It appeared that there was some confusion regarding how to report various items on the reporting forms. Sandy agreed that the project activities were not being accurately reflected, since there was this confusion with the reporting forms. It appears that this confusion has now been clarified and the reporting forms will accurately reflect project activities.

Sandy showed me, and explained thoroughly, the intake forms used when parents or professionals call for assistance in matching a child to services. This coupled with her tickler file of services provides a mechanism for the Direction Center staff to maintain up-to-date information on individual cases. Each Direction Center case is followed-up on a longer term basis to ascertain whether or not the needs of the child and family have changed, and whether the Direction Center could be of additional service. I suggested to Sandy that a more formalized procedure be developed so that this could occur at regular intervals throughout the year, especially as the end of the school year approaches, since one would anticipate that service needs of the child may change at that time. To date, some type of client satisfaction survey to assist the Direction Center in measuring their effectiveness has not yet begun. Sandy and I discussed various strategies for developing an instrument that would assist Direction Center staff in evaluating the services they have provided to individual families. We discussed the possibility of doing this satisfaction survey and the follow-up together, as well as, separately. Sandy felt more comfortable doing these activities separately especially since she anticipates that the satisfaction survey would be sent directly following the assistance of the Direction Center. Sandy will complete some type of satisfaction survey and send it to our Office, or call us, to discuss various elements.

Sandy continues to use all the media in publicizing Direction Center services. She has especially been concentrating on Allegany, Chautauqua and Cattaraugus counties which this year are a new component of the Direction Center region. For example, adds have been placed in all the penny savers in the lower three counties. Sandy has met with SETRC personnel in Allegany county, as well as, with other service providers. She has also met with staff of the Chautauqua county BOCES and staff

in Cattaraugus county. She plans soon on meeting with representatives from the Jamestown School District, which is not a component of the BOCES in that area. Sandy reports that generally there has been a good response from these three counties to the Direction Center, and it appears that staff in those outlying areas are excited about her involvement. She has begun receiving referrals from Allegany county. Sandy reports that from her initial meetings down in Allegany, Chautauqua and Cattaraugus county that many of the districts are willing to have their Committee's on the Handicapped review and process preschool children as they do those of school age.

Sandy reported that she has made good progress in getting parents' permission to refer students to Committee's on the Handicapped. She feels that getting permission and enclosing a self-addressed stamped envelope has assisted her greatly in the response she has gotten to this type of request. She felt that of those parents she has assisted, most are willing to have their children referred to the Committee on the Handicapped within their local school district.

Sandy and I discussed minimum criteria for petitioning for a student enrolled in a day care center and the type of services that the State Education Department would consider issuing a letter of prior approval for if all the minimum criteria had been met. Sandy explained that the Orleans Day Care Center has been requesting information regarding petitioning for students in an integrated setting. Sandy and I also discussed assisting Lauren Watson, Buffalo City School District, Part B, Discretionary Project, School #53, in petitioning for transportation for students through the Family Court. Sandy explained that she had talked to Lauren about this previously but had not received any additional information from her, so that the Direction Center could assist. I asked Sandy to call Lauren to further facilitate assisting her in petitioning for students transportation.

Sandy reports that she has had more difficulty in providing assistance in Orleans county. It appears that there are a minimal amount of programs and services available for students within that county and the attitude of those within the county, Sandy describes as "poor". Sandy has worked closely with the SETRC trainer covering Orleans-Niagara. It appears from her reports that both she and the SETRC trainer have a good working relationship and are pleased with each other's services. I suggested that, perhaps, she could build on this relationship to further activities within Orleans county. Sandy has been in touch with the SETRC at Erie #1 BOCES, as well as, the SETRC located at the Allegany BOCES and the Chautauqua BOCES.

6. STRENGTHS

The Perinatal Component of the Direction Center appears to be working out quite well and is facilitating children being linked to services at the earliest possible time. Sandy and Bill have a good working relationship regarding the management of this component and both their view points seem to add strength to this component. It appears that Sandy's positive reputation, within the region, facilitates additional Direction Center activities. It appears that her telephone style with parents is appropriate and facilitates her obtaining the necessary information while making the parents feel comfortable. Sandy has a good amount of contact with the service providers within her region on an ongoing basis. A newsletter which the

Direction Center publishes and is available for service providers to use for providing information about their services, is another strategy which appears to work well in maintaining interagency cooperation with the Direction Center.

7. WEAKNESSES

Some of the questions Sandy asked regarding minimum criteria for approval through the Family Court tend to indicate, still, after extensive amounts of training, some lack of understanding of some of these minimum criteria. I suggested to Sandy that she may want to refresh her familiarity with some of the materials and information we presented in some of the workshops relating to the Family Court. It also appears that Shirley Parnell, of the Project Assistant, is responsible for completing the bi-monthly reporting forms. She was unavailable during our meeting. I suggested to Sandy that she should be more involved with this aspect so that reporting forms can accurately reflect the project activities. Sandy appears to spend a fair portion of her time meeting with agencies outside of the Office. I suggested that she may want to consider spending more time in the Office working with Shirley so that she is better aware of some of the other project activities.

8. FOLLOW-UP

In general, I feel the project activities are progressing nicely. The following follow-up activities are indicated:

- At the request of Sandy, conduct a search regarding the needs of handicapped children on Indian Reservations.
- A follow-up call, within the next month, to determine progress on client satisfaction survey.
- Provide feedback on bi-monthly reports submitted at future dates.

Michael P. Fitzgerald

Signature

APPENDIX M

NEW YORK STATE EARLY CHILDHOOD

LINKING PRESCHOOL HANDICAPPED CHILDREN WITH SERVICES

The University of the State of New York
THE STATE EDUCATION DEPARTMENT
Office for Education of Children
with Handicapping Conditions
Albany, New York 12234

Q. Are special education programs and services available to preschool handicapped children?

A. Yes. Agencies, organizations and some school districts provide special education services to preschool children.

Q. Must local public school districts educate handicapped children below the age of five?

A. No. However, they may refer parents to programs in other agencies and organizations. The State Education Department encourages school districts to provide programs for preschool handicapped children. School districts may use Family Court orders and Federal funds for such programs.

Q. How can parents find out about programs and services available to preschool handicapped children?

A. Early Childhood Direction Centers, coordinated by the New York State Education Department and located throughout New York State, are resources for parents. They provide information about preschool special education programs and help parents to obtain services for their children.

Q. Who is eligible for direction services?

A. Children ages birth to five who may have physical, mental or emotional handicaps and may be in need of special education services.

Q. What information can be provided by the centers?

A. Professional staff provides information about:

- Preschool programs
- Transportation
- Medical, educational and social services
- Evaluation and assessment services
- Funding
- Petitioning the Family Court
- Parent education programs and resources

Q. What services will the centers provide?

A. Services include:

- Matching the needs of children with available services
- Referral to agencies providing direct services
- Assisting parents in obtaining services
- Assisting parents in petitioning the Family Court
- Following up to insure that children receive services

Q. Who may use Direction Centers?

A.

- Parents or guardians of handicapped children ages birth to five
- Local school districts
- Hospital programs
- Agencies and organizations
- Head Start programs

Q. How may the Direction Centers be contacted?

A. Write or call the Early Childhood Direction Center which is closest to you. Each center's location, address and telephone number is listed below:

1. **Early Childhood Direction Center**
   c/o Cantalician Learning Center
   3233 Main Street
   Buffalo, NY 14214
   (716) 833-3127

2. Regional Early Childhood
   Direction Center
   264 Village Landing
   Fairport, NY 14450
   or
   University of Rochester
   Strong Memorial Hospital
   601 Elmwood Avenue
   Rochester, NY 14642
   1 — (800) 462-4344 or
   (716) 223-6220

3. Regional Early Childhood
   Direction Center
   Comprehensive Interdisciplinary
   Developmental Services (CIDS)
   318 Madison Avenue
   Elmira, NY 14901
   (607) 733-6533

4. Early Childhood Direction Center
   1 Lawrence Avenue
   Box 374
   Potsdam, NY 13676
   (315) 265-6048

5. **Early Childhood Direction Center**
   Franklin-Essex-Hamilton BOCES
   Box 28
   West Main Street Road
   Malone, NY 12953
   (518) 483-6523

6. Early Childhood Direction Center
   79-83 East Chester Street
   Kingston, NY 12401
   1 — (800) 942-6902 or
   (914) 338-6755

7. **Early Childhood Direction Service**
   Kennedy Child Study Center
   151 East 67th Street
   New York, NY 10021
   (212) 988-9300

8. Early Childhood Direction Center
   Pre-Schooler's Workshop
   Direction Center
   47 Humphrey Drive
   Syosset, NY 11791
   (516) 364-8580

9. Early Childhood Direction Center
   Suffolk Child Development Center
   Hollywood Drive
   Smithtown, NY 11787
   (516) 724-2402 or
   (516) 724-1717

10. Early Childhood Direction Center
    St. Agnes Hospital
    305 North Street
    White Plains, NY 10605
    (914) 682-3507

11. Early Childhood Direction Center
    Broome-Delaware-Tioga BOCES
    Golden Street
    Kirkwood, NY 13795
    (607) 775-5188

12. Early Childhood Direction Center
    Center on Human Policy
    Division of Special Education
    and Rehabilitation
    Syracuse University
    216 Ostrom Avenue
    Syracuse, NY 13210
    (315) 423-4444
    or
    315) 423-3851

13. Early Childhood Direction Center
    Jefferson-Lewis BOCES
    Case Junior High School
    Room 217
    1237 Washington Street
    Watertown, NY 13601
    (315) 782-3355

14. **Early Childhood Direction Center**
    of the Capital Region
    Albany-Schenectady-Schoharie
    BOCES
    Maywood Elementary School
    1979 Central Avenue
    Albany, NY 12205
    1 — (800) 342-1216
    or
    (518) 456-6071

15. Early Childhood Direction Center
    United Cerebral Palsy of Queens
    82-25 164th Street
    Jamaica, NY 11432
    (212) 390-3000 Extension 265

16. Early Childhood Direction Service
    Kennedy Child Study Center Annex
    3143 Kings Bridge Avenue
    Bronx, NY 10463
    (212) 548-4090

17. Early Childhood Direction Service
    Kennedy Child Study Center
    657 Castleton Avenue
    Staten Island, NY 10301
    (212) 442-3641

18. Early Childhood Direction Center
    New York Hospital
    525 East 68th Street
    New York, NY 10021
    (212) 472-6874

19. Early Childhood Direction Center
    Downstate Medical Center
    Department of Pediatrics
    Box 49
    450 Clarkson Avenue
    Brooklyn, NY 11203
    (212) 270-1625

Direction Centers are administered by the New York State Education Department. For more information, contact:

The New York State Education Department
Bureau of Program Development
Room 1061 Education Building Annex
Albany, New York 12234
(518) 474-2251 or 5804

(over)

New York State

Early Childhood Direction Center

Network

19 Centers

80-7012

APPENDIX N

Memorandum of Agreement

Between

T A D S
Technical Assistance Development System
University of North Carolina
Chapel Hill, North Carolina

and

New York

Date

Director, T...

Date

State Direct...

...ber of TADS enclosed

...S Coordinator

...l Assistance Agreement

Date ... 3, 1980

...ection Project services

...instal...tion staff (10)

...Technical Assistance Activities

1.1	... and Regional ... and Parent ... Service ... develop ... objectives ... and families.	1.1.1 By Nov... 1980, TADS will identify three to five ... sultants ... expertise in evaluation design ... coordin... ... behalf of young exceptional child... pair the ... ates to obtain the desired balance of ... agency ... tion competencies. TADS will ... consult... ... to the SIG, and make prioriti... ... tions of ... t teams.	... SIG Coordinator will complete and send to TADS the ...valuation of ...sultation report ...ms referred to in ...1.8 and 1.1.11; ... consultants will send to TADS the ...mary reports ... evaluation of consultation repo... ...ms referred to in 1.1.8 and 1.1.10.
		1.1.2 By Nove... 1980, the SIG will review the vit... ... further ... in order to select a consultant ... ... will ... the SIG the consultant team. ... suppor... ...sultants' fees in the following ... Two days ... for the initial visit to the SIG, ... four day... (3) two days each for developing a draft ... plan, ... four days; (3) two days for ... to make ... visit to the SIG; and (4) ... one con... ... complete the final draft. A total of eleven (11) ...ultant days and three trips to the SIG are involved.	
		1.1.3 By Dece... 1980, TADS and the SIG will confirm the date of the ... first trip. The SIG will ... consult... ... clarify the purpose of the visit, identify particip... ... develop an agenda and itinerary.	

1.1.4 By [illegible], 1980, the consultants will visit [illegible] (2) days to begin developing the evaluation design. The purpose of the visit is to collect information in order to define the evaluation task. Toward this end, the consultants will meet with SIC, ECEC and Perinatal Clinics staff regarding gathered sufficient information, the consultants will discuss with the designated staff the pros and cons of a variety of evaluation designs and, with special reference to the SIC, determine the feasibility of longitudinal implementation and statistical rigor. The outcome of the consultation will be the first draft of an evaluation plan.

1.1.5 By [illegible] 15, 1981, the consultants will send to the SIC and a copy to TADS a summary report of the site visit, including the first draft evaluation plan and recommendations for follow-up activities, and to TADS a Completed Evaluation of Consultation report form.

1.1.6 By [illegible]y 15, 1981, the designated staff will send TADS a completed Evaluation of Consultation report form.

1.1.7 By February 13, 1981, the consultants will work approximately four (4) days to develop the second draft of the evaluation plan. The consultants will send the second draft to the SIC, with a copy to TADS. The SIC will circulate the second draft to ECEC and Perinatal Clinics' staff for review and comment.

1.1.8 By [illegible] 20, 1981, TADS will continue with the SIC consultant making the follow-up trip. The SIC will confirm the clarify purpose and to develop an [illegible] agenda.

		Activities	Documentation
	1.1.9	By March [illegible], the consultant will visit the SIG for [illegible] to review the evaluation plan [illegible] and the Dental Clinics' staff. Concerns [illegible] by reviewers will be addressed and revisions identified for the final draft.	
	1.1.10	By April [illegible], the consultant will work off-site for one (1) day to complete the final draft of the evaluation plan. The consultant will send the SIG with a copy to TADS the final draft of the evaluation plan, including recommendations for follow-up activities, and to TADS a completed Evaluation of Consultation report form addressing both the visit and off-site work.	
	1.1.11	By April [illegible], the designated staff will send TADS a completed Evaluation of Consultation report form.	

APPENDIX O

AGENDA

Developing an Evaluation Design to Measure the Effectiveness of Early Childhood Direction Centers

Monday, April 27, 1981

9:00 Introduction
Overview of Bureau of Program Development
History of Early Childhood Direction Center in New York State and [illegible]
Direction Center - Project Objectives

10:00 Early Childhood Direction Center Project Models

11:15 Evolution of Bimonthly Reporting Forms
Current Bimonthly Reporting Forms
Field Visits

12:00 Need for Evaluation

12:30 Lunch

1:30 Available Models for Evaluating Interagency Projects

2:30 Strengths and Weaknesses of Evaluation Models

3:30 Aspects in Implementation of Evaluation Models

4:00 Initial Impressions - Evaluation Needs and Models

AGENDA

Developing an Evaluation Design to Measure the Effectiveness of Early Childhood Direction Centers

Tuesday, April 28, 1981

10:00 Introduction

10:15 Description - Buffalo Early Childhood Direction Center Model

10:30 Description - Rochester Early Childhood Direction Center Model

10:45 Description - Syracuse Early Childhood Direction Center Model

11:00 Description - New York Hospital Early Childhood Direction Center Model

11:15 Description - Brooklyn Early Childhood Direction Center Model

11:30 Break

11:45 Evaluation Needs and Suggestions by Project Staff

12:30 LUNCH

1:30 Discussion of Alternative Evaluation Designs - Project Staff Reactions

2:30 Summary

APPENDIX P

CRM CENTER FOR RESOURCE MANAGEMENT

ECDC Evaluation Design

June, 1981

Prepared by: Marilyn Musumeci, Ph.D.
Susan Koen, MSSW

3072 Crompond Road • Yorktown Heights, N.Y. 10598 • (914) 245-1301

INTRODUCTION

Background

Early Childhood Direction Centers (ECDCs) provide information, referral, and assistance services in order to link young, handicapped children with educational, social, and/or medical services in their communities. These Direction Centers operate in 19 regions of New York State under grants from the Office of Education for Children with Handicapping Conditions, State Education Department. ECDCs receive their funding from federal discretionary monies available to states through Part B of the Education of Handicapped Children Act (P.L. 94-142). With these funds, Direction Centers are expected to: a) assist parents and professionals in responding to the needs of handicapped children below the age of five; and b) work with other service providers to identify gaps in the early childhood special education delivery system in New York State. In performing these functions, the primary audience for ECDC activities is the handicapped child who is currently unserved or underserved by the service delivery network.

To address various project tasks, the ECDCs organize their services into four major components -- Awareness/Outreach, Information Dissemination, Direct Assistance, and Interagency Collaboration. Through activities such as public service announcements, brochures or flyers, and booths in shopping malls, the Direction Centers inform the public of the services which they provide for the preschool handicapped child and his/her family. When parents, or professionals, or agencies

becomes aware of the ECDC in their region, they can contact that Center to obtain information related to the health, social or educational functioning of special needs children. In addition, these clients may seek direct assistance from the ECDCs in matching children, or their parents, to needed services. The requests for services range from diagnostic evaluations of a child's handicapping condition to parent education or counseling to preschool special education. Thus, ECDCs must have complete knowledge of the service delivery system in their region.

To obtain this knowledge and facilitate linkages, the Direction Centers also conduct activities which will foster interagency collaboration among service providers. Since ECDCs are concerned about matching services to handicapped children at the earliest possible age, they are particularly interested in establishing close relationships with Perinatal Centers and other tertiary infant care facilities in New York State. By linking with these health centers, the ECDCs can become aware of handicapped children at birth or within the first six months of their life. This early identification, in turn, enables the child with special needs to receive remediation as soon as possible, thus, lessening the extent of intervention that might be necessary in later years.

The Early Childhood Direction Centers serve a critical function in linking young handicapped children with services. Since the Centers work primarily on a reactive basis, i.e., responding to requests,

it is essential that thier existence be known in order for their services to be utilized. In this regard, the ECDCs have gained increasing visibility during their three-year history. Presently, the Direction Centers are functioning as a key part of the special education delivery system for handicapped children below the age of five.

Focus of the Evaluation

The evaluation design for the Early Childhood Direction Centers has a two-fold purpose: a) to contribute to system improvement at both an individual site and state level; and b) to generate evidence of effectiveness at the local and state levels. The primary intention is to provide information for decision-making. In serving this decision-making intent, the design has been developed to address the most critical elements of the ECDC programs -- that is, those areas where staff have indicated a need for evaluative information, and where it is possible to effect change. Furthermore, the evaluation has been designed so that it can be conducted "in house" with the resources available. Thus, the product being presented is one that can be implemented given staff time, staff expertise, and current project monies. The specific plan and procedures for the ECDC evaluation are outlined in the two sections which follow -- Conceptual Framework and Methodology. In addition, Summary Charts and an Implementation Plan are included.

CONCEPTUAL FRAMEWORK

To provide a thorough assessment of the Early Childhood Direction Centers, an Evaluation framework will be utilized which examines three program areas; Context, Process, and Outcome (see Figure 1). This framework, which is drawn from the CIPP[1] model, was selected because

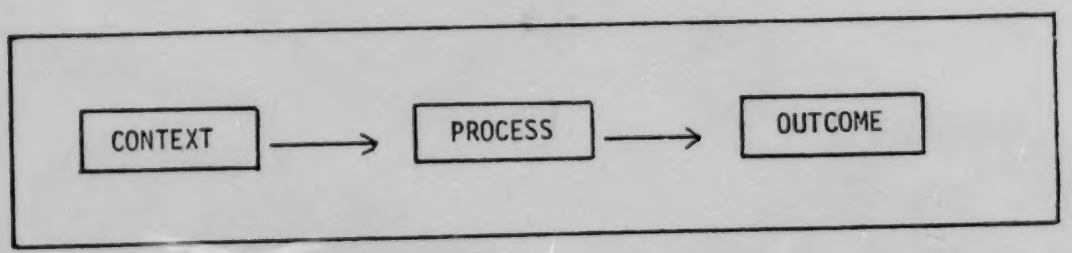

Figure 1. Evaluation Framework for Early Childhood Direction Centers

it provides a comprehensive means of organizing the evaluation concerns of the ECDCs. The framework indicates that the impact or outcomes of the Direction Centers must be viewed in light of the specific processes or strategies which the Centers use to achieve their objectives. Furthermore, the model illustrates that both process and outcomes are a function of the environment or context in which the ECDCs operate.

The system's framework is useful because it encourages consideration of many aspects of a program. By doing so, it enables one to systematically examine relationships across program areas. More importantly, the model promotes the idea that questions of program impact serve little purpose without a complete understanding of both process and

[1]Stufflebeam, D.L., Foley, W.J., Gephart, W.J., Guba, E.G., Hammond, R.L., Merriman, H.O., & Provus, M.M. Educational evaluation & decision making. Itasca, Illinois: F.E. Peacock Publishers, Inc., 1971.

and context. The following sections of the design discuss the issues and questions which the ECDC evaluation will address; these issues are organized according to the three categories of the evaluation framework.

Context

The context dimension of an evaluation describes the environment in which program activities are taking place. Depending upon the questions of interest, context can be viewed from a state, regional, and/or local level. A context analysis generally includes a description of area demographics; it can also describe the target group, goals/objectives, resources, and policy guidelines which govern the program. Learning about the context can lead to a better understanding of why a program in one setting produced stronger effects than a program in another setting. Context information, thus, is essential to the interpretation of evaluation results.

In terms of the ECDCs, several contextual issues must be examined. First, it will be important to describe the geographic and demographic characteristics of the target group served. Specific variables include:

- Population of Area Served--number of residents by county and regional totals
- Degree of Urbanism/Ruralism
- Geographic Size of Area Served

- Projected Target Population--number of handicapped children by county, as well as a total region broken down by age (birth-2; 3-4)

It will also be important to characterize the resources available to the ECDCs. Pertinent descriptors include:

- Level of Funding--financial support from state and other sources
- Personnel--number of full-time and part-time staff, and the qualifications and experience of these staff
- Organizational Context--organization in which the ECDC is located, (e.g., BOCES, school, private business)

The characteristics of the service delivery systems will also be important to capture. The variables of interest include:

- Type of Preschool and/or Special Education Programs--the number and types of programs located within the region and the services they provide
- Type of Social Service Agencies--the number and types of agencies in the region, and the services they provide
- Type of Medical Service Agencies--the number and types of agencies in the region, and the services they provide
- Family Court--number in region as well as special characteristics of court system
- Communication Mechanisms--the number and type of existing mechanisms (e.g., round-ups, fairs, etc.)

Finally, it will be crucial to understand the current relationship between the ECDCs and the Perinatal Centers, including the extent to which formal and informal agreements have been established

Evaluation Questions

The evaluation questions associated with context are descriptive in nature and relatively straightforward. The information gathered will be used, primarily, at the state level to better understand process and outcome issues. The questions are:

1. What are the geographic and demographic characteristics of the regions which the ECDCs serve?

2. What resources are available to the ECDCs?

3a. What are the characteristics of the delivery systems in which the ECDCs operate?

3b. What gaps exist within the delivery systems?

4. What is the relationship between the ECDCs and the Perinatal Centers?

5. Can the ECDCs be clustered according to a set of relevant contextual factors?

Process

Process refers to the activities, materials, and administrative arrangements which comprise a particular program. The study of process is important because it makes little sense to ask the question, "Did the program work?", unless we know what worked. A process evaluation, therefore, is concerned with how a program was implemented or put into practice. It is designed to yield information related to the scope, quality, and efficiency of program activities, and is conducted for the purpose of program improvement.

In examining the ECDC processes, issues related to four program components will be explored. The Components are: 1) Awareness/

Outreach; 2) Direct Assistance; 3) Information Dissemination; and 4) Interagency Collaboration. Relevant issues are described below.

Awareness/Outreach activities are undertaken by the ECDCs to inform parents and agencies of available services. For evaluative purposes, it will be important to understand what activities are conducted and which activities are effective in reaching the target population. Pertinent variables related to this component include:

- Type of Awareness/Outreach Activity--number and type of direct activities (e.g., brochure, newspaper ad, television or radio announcement, etc.), and indirect activities (e.g., agency referral, referral from friend, etc.).
- Cost of Each Activity
- Response--the number of ECDC users organized by the outreach activity which made them aware of Center services

The ECDCs also provide a variety of direct assistance and information dissemination services. A major issue related to such services is the extent to which they are used by the target group. Factors important to these components are:

- Type of Service Provided--the number and type of direct assistance, information dissemination, and follow-up services requested by agencies and parents, as well as the number and type delivered
- Timelines of Service--the turnaround time between information requests and service delivery
- Type of Service Users--the number and type of agencies (e.g., COH, preschool, social service, etc.) and parents (organized by racial/ethnic background, and level of income) using ECDC services; number and type of services used by county

- Barriers to Effective Delivery--the perceptions of ECDC staff

To effectively address the goal of linking handicapped children to medical, social, and educational services, the ECDCs must establish cooperative working relationships with various service providers. In determining the extent of interagency collaboration, it is essential to examine the following types of variables:

- Type of Agency--the number and type of agencies involved in collaboration activities
- Type of Collaboration--the nature of the collaboration effort (e.g., member of advisory group, sponsoring meetings jointly, multiple referrals, etc.)
- Purpose of Collaboration--the perceptions of both agency personnel and ECDC staff

Evaluation Questions

The process evaluation questions involve description, assessment of quality, and determination of change. In most instances, the information gathered (in raw or aggregate form) will be useful at both the project and state levels. However, since the state must often make decisions based upon comparisons between ECDCs, the information generated by certain questions will address the decision-making needs of state personnel only. The process evaluation questions are:

Awareness/Outreach

1. To what extent do the ECDC awareness activities result in program usage?
2. Are some activities more efficient and effective than others in reaching the target population?

Direct Assistance and Information Dissemination

1. What types of ECDC services are requested? What types of services are provided? Is there a discrepancy between the number of requests for service and actual service delivery?

2. Is there an adequate turnaround time between requests for assistance and service delivery?

3. To what extent are a broad range of parents and agencies using ECDC services? What types of parents/agencies are <u>not</u> using ECDC services?

4. To what extent are services delivered equitably across the geographic regions served by the ECDCs?

5. To what extent are a broad range of services being used by parents and agencies? Are certain services used more frequently than others by different parent/agency types?

6. What are the significant context factors associated with ECDC utilization?

7. Do the ECDCs <u>within</u> the various context groupings demonstrate similar levels of service utilization?

8. Can high service providers be classified according to a set of significant context factors?

<u>Interagency Collaboration</u>

1. What types of agencies are involved in collaboration?

2. What type of collaboration occurs? What is the frequency of collaboration?

3. Was the purpose of collaboration clearly established?

4. What context factors are associated with frequent interagency collaboration?

5. Do the ECDCs <u>within</u> the various context groupings experience similar levels of collaboration?

6. Does the degree of collaboration influence the level of service utilization?

Outcome

The outcome component of an evaluation focuses upon the measurement of program results. In describing outcomes, it is useful to examine both intermediate and long-range effects; these can include effects upon individuals, institutions, and/or the community. For the purposes of the ECDC evaluation, it will be important to document the program's impact upon children. However, since parents and agencies also will have been affected by the Centers, it will be important to examine these groups as well. The intermediate outcomes of the ECDC activities relate to effects upon parents and agencies; variables of interest include:

- Satisfaction--parent/agency perceptions of the relevance, appropriateness, importance, and timelines of ECDC services
- Knowledge, Attitudes, Skills--an increase in parents'/agencies' awareness, knowledge or skills regarding special education services
- Legitimacy--the extent to which agencies within the special education community and parents are: a) aware of the existence of the ECDCs; b) understand ECDC functions; c) endorse ECDC activities; and d) use ECDC services

The long-range outcomes which will be studied relate to effects upon children. Significant variables include:

- Type of Children Served--the number and type of children (i.e., age and handicapping condition) matched to services
- Type of Services--the number and type of services matched to children (i.e., medical, social, and/or educational services)
- Cognitive, social, and Behavioral Changes in Children--the perceptions of parents

Evaluation Questions

The outcome questions will involve description, assessment of quality, and determination of change. As was the case with process, the questions will facilitate decision-making at both the project and state levels. The outcome questions are:

Intermediate Outcomes

1. Are parents and agencies satisfied with ECDC services? Does the level of satisfaction differ according to parent/agency type?

2. What knowledge, skills, and techniques were gained by parents and agencies as a result of using ECDC services?

3. Do agencies within the special education community and parents of preschool handicapped children consider the ECDCs to be a legitimate special education and referral source?

Long-Range Outcomes

1. To what extent are a broad range of handicapped children provided with ECDC services? Are the children in need of services being reached?

2. To what extent are a broad range of services being provided to handicapped children? Are certain services provided more frequently than others to different types of children?

3. Is the age at which children are linked to services decreasing over time?

4. Are the types of handicaps matched to services changing over time?

5. To what extent were the children receiving preschool handicapped services linked to the services by the ECDCs?

6. Do parent users of ECDC services differ from nonusers in their perceptions of: the services being delivered to their children, and changes in their children's cognitive, social, and emotional functioning?

7. What context factors are associated with "high" service delivery to children? Do the ECDCs within the various context groupings serve similar numbers/types of children?

8. Does the type/extent of awareness activities influence service delivery to children? Does the type/extent of interagency collaboration influence service delivery to children? Does the extent of ECDC legitimacy influence service delivery to children?

The context, process, and outcome questions and variables are summarized in Table 1.

TABLE 1

CONTEXT, PROCESS, AND OUTCOME QUESTIONS AND VARIABLES

EVALUATION QUESTION	VARIABLES
Context	
What are the geographic and demographic characteristics of the regions which the ECDCs serve?	-Population -Urbanism/Ruralism -Geographic Size -Number/Type of Children in Need
What resources are available to the ECDCs?	-Level of Funding -Personnel -Organizational Context
What are the characteristics of the delivery systems in which the ECDCs operate?	-Type of Preschool/Special Education Programs in Region -Type of Social Service Agencies -Type of Medical Service Agencies
What gaps exist within the delivery systems?	-Characteristics of Family Court
What is the relationship between the ECDCs and the Perinatal Centers?	-Existing Communication Mechanisms
Can the ECDCs be clustered according to a set of relevant contextual factors?	
Process	
a. Awareness/Outreach	
To what extent do the ECDC awareness activities result in program usage?	-Type of Awareness Activity -Cost of Each Activity -Response Rate
Are some activities more efficient and effective than others in reaching the target population?	
b. Direct Assistance/Information Dissemination	
What types of ECDC services are requested? What types of services are provided? Is there a discrepancy between the number of requests for service and actual service delivery?	-Type of Services Requested/Provided -Timelines of Services -Type of Service Users -Barriers to Effective Delivery

TABLE 1

CONTEXT, PROCESS, AND OUTCOME QUESTIONS AND VARIABLES

EVALUATION QUESTION	VARIABLES
Is there an adequate turnaround time between requests for assistance and actual delivery?	
To what extent are a broad range of parents and agencies using ECDC services? What types of parents/agencies are <u>not</u> using ECDC services?	
To what extent are services delivered equitably across geographic regions?	
To what extent are a broad range of services used by parents and agencies? Are certain services used more frequently than others by different parent/agency types?	
What are the significant context factors associated with ECDC utilization?	
Do the ECDCs <u>within</u> the various context groupings demonstrate similar levels of service utilization?	
Can high service providers be classified according to a set of significant context factors?	
c. <u>Interagency Collaboration</u>	
What types of agencies are involved in collaboration?	-Types of Agencies Collaborating -Type of Collaboration -Purpose of Collaboration -Barriers to Successful Collaboration
What type of collaboration occurs? With what frequency?	
Was the purpose of collaboration clearly established?	
What context factors are associated with frequent interagency collaboration?	

TABLE 1

CONTEXT, PROCESS, AND OUTCOME QUESTIONS AND VARIABLES

EVALUATION QUESTION	VARIABLES
Do the ECDCs within the various context groupings experience similar levels of collaboration? Does the degree of collaboration influence the level of service utilization?	
Outcome	
a. Intermediate	
Are parents and agencies satisfied with ECDC services? Does the level of satisfaction differ according to parent/agency type? What knowledge, skills, techniques were gained as a result of using ECDC services? Do agencies within the special education community and parents of preschool handicapped children consider the ECDCs to be a legitimate special education information and referral source?	-Satisfaction with ECDC Services -Change in Knowledge, Attitudes, Skills -Legitimacy
b. Long-Range	
To what extent are a broad range of handicapped children provided with ECDC services? Are the children in need of services being reached? To what extent are a broad range of services provided to handicapped children? Are certain services provided more frequently than others to different types of children? Is the age at which children are linked to services decreasing over time?	-Type of Children Served -Type of Services Provided -Cognitive, Social, Behavioral Changes

TABLE 1

CONTEXT, PROCESS, AND OUTCOME QUESTIONS AND VARIABLES

EVALUATION QUESTION	VARIABLES
Are the types of handicaps matched to services changing over time?	
To what extent were the children receiving preschool handicapped services, linked to the services by the ECDCs?	
Do parent users of ECDC services differ from nonusers in their perceptions of: the services being delivered to their children; changes in their children's cognitive, social, or emotional functioning?	
What context factors are associated with "high" service delivery to children? Do the ECDCs within the various context grouping serve similar numbers/types of children?	
Does the type/extent of awareness activities influence service delivery to children? Does the type/extent of interagency collaboration influence service delivery to children? Does the extent of ECDC legitimacy influence service delivery to children?	

METHODOLOGY

The ECDC evaluation will utilize a number of data collection methods and procedures to obtain information relevant to the key questions. The intent is that findings yielded by one procedure will corroborate results produced by another in order to lend credence to the overall outcomes. The primary sources of this data will be questionnaire and document review. Specific instruments/procedures will include:

- ECDC Profile Form
- Parent Questionnaire
- Agency Questionnaire
- Awareness Activity Record
- Service Delivery Logs
- Interagency Collaboration Log
- Child Services Records

In all cases, the information gathered will be used to facilitate the decision-making needs of both project and state personnel. Since these needs are different, data will be examined for individual projects as well as in aggregate form with project-level information pooled.

In formulating judgments or answering key questions at the outcome level, the evaluation intends to utilize quasi-experimental research designs. However, factors such as cost, logistics, and ethical/legal considerations may limit the extent to which methodologies that provide comparative data (e.g., control groups, time series, etc.) can be used. In most instances, therefore, the impact questions will be addressed through approximate methods. Consequently, the degree of inference and causality will be somewhat constrained in that it cannot be said categorically that long-range outcomes are attributable to ECDC activities.

The following sections of the Methodology describe the specific data collection procedures.

Questionnaire

The evaluation of Early Childhood Direction Centers will require the use of three questionnaires:

- ECDC Profile Form
- Parent Questionnaire
- Agency Questionnaire

Each of these instruments is described below in terms of the purpose, sample, procedures for administration, and data analysis techniques.

ECDC Profile Form

Purpose

The ECDC Profile will be used to generate information related to program context. The data will enable state personnel to:

a. Describe the characteristics of the ECDC delivery system; and,

b. Categorize ECDCs into clusters to facilitate comparisons of Centers within a similar context

In addition, the data will be entered into a multiple regression formula to examine relationships among context, process, and outcome issues.

Administration Procedures

The Profile will be completed once by all ECDC projects. Information will be updated as necessary.

Analysis

Descriptive statistics, e.g., frequency counts, means, ranges, standard deviations, etc., will be calculated to describe the characteristics of the ECDC settings in terms of relevant context factors. Regarding the clustering of the Centers, sophisticated statistical techniques such as hierarchical grouping and discriminant analyses can be used. However, a similar effect can be achieved by more simplified procedures. For example, responses to diverse variables like population, level of funding, and perinatal linkages, can be transformed to a common metric using the median or quartile scores. This transformation will make it possible to compute a total score for the combination of context variables relevant to each ECDC. The Centers can then be grouped on the basis of these total scores.

Parent Questionnaire

Purpose

The purpose of this questionnaire is threefold: a) to gather information from parents who have used the direct assistance services of the ECDCs; b) to determine the reasons why some parents have not used these services; and c) to determine whether parents whose children were linked to services by ECDC staff have more positive perceptions of child outcomes than other parents. With regard to users, this instrument will measure parents' satisfaction with ECDC services, their level of knowledge/skills, their perceptions of the legitimacy of ECDC functions, their perceptions of the services received by their child, and their perceptions of the changes which the child has made

since receiving these services. Parents who have not utilized the ECDC services also will be asked to indicate their perceptions of child services and the extent of child changes resulting from the services. In addition, the questionnaire will request nonusers to specify their level of awareness about Direction Center activities, and their reasons for nonuse.

Finally, all respondents will be asked to provide descriptive information in terms of county of residence, income level, and age and handicapping condition of their child. To obtain this varied information, the parent questionnaire will be organized into checklists, rating scales, dichotomous responses, and open-ended items.

Sample

Users will be surveyed through a stratified random sampling technique. The strata will include income level and racial/ethnic background; information necessary for such sample selection will be culled from project intake forms.

In the case of nonusers, a two-step selection procedure will be required. First, it will be necessary to seek the cooperation of a stratified sample of agencies that provide services to children who have had prior interactions with the ECDCs. The second step will involve the generation of a pool of nonusers from the agencies' parent rosters; any parents who have utilized ECDC services will have to be eliminated from these rosters. The sample size for both users and nonusers will be large enough to meet the statistical guideline of 95 percent accuracy.

Administration Procedures

The parent questionnaire will be administered once per year at the end of the program cycle. For users of ECDC services, project staff will mail the instrument directly to the parents. With nonusers, agencies will be asked to supply a list of parents' names and addresses so that project staff can mail these questionnaires as well. Where confidentiality prevents the disclosure of parent information, agencies will be requested to mail the parent forms themselves. In all cases, stamped self-addressed envelopes will be provided to facilitate the response process.

Analysis

For each questionnaire item, frequency counts, means, ranks, and standard deviations will be calculated to provide a description of parent responses. This analysis will be undertaken on an individual project level as well as at the state level through the pooling of project data. To determine whether responses differ according to parent type, a chi-square, t-test, or analysis of variance will be computed depending upon the nature of the data. These comparative statistical procedures will also be calculated to determine if parent users differ from nonusers in their perceptions of child services and changes in child behavior. Finally, certain variables from the questionnaire will be extracted (e.g., legitimacy issues) and entered into the multiple regression formula to determine relationships among outcome factors.

Agency Questionnaire

Purpose

Similar to the parent questionnaire, the agency questionnaire has multiple purposes; it is designed to: a) gather information from a variety of agencies who have obtained direct assistance from, and/or collaborated with the ECDCs; b) assess the reasons for nonuse by certain agencies; and c) determine the degree of legitimacy which the ECDCs have in the service delivery network. For agencies who have used ECDC services, this instrument will measure their knowledge about and satisfaction with the Direction Centers, their perceptions of the legitimacy of ECDC functions, and their perceptions of specific ECDC collaboration efforts. In terms of nonusers, agencies will be asked to specify their level of awareness of ECDCs, indicate their perceptions of the legitimacy of Direction Center activities, and state their reasons for not utilizing these services.

Along with these assessments, all respondents will provide descriptive data regarding the type of agency, the type of services they provide, the total number of clients they serve on an annual basis, and the number of clients who have been referred to the agency by Direction Center staff. To collect the variety of data needed, the agency questionnaire will include checklists, rating scales, dichotomous questions, and open-ended items.

Sample

Sample selection will follow a similar process for both users and nonusers. Agencies will be surveyed through a stratified random

sampling technique according to agency type, i.e., social service agencies, early childhood special education programs, and so forth. The information needed for this sample selection will be obtained from both project intake forms and ECDC Profile Forms. The sample size for both users and nonusers will be large enough to meet the statistical guideline of 95 percent accuracy.

Administration Procedures

The agency questionnaire will be administered once per year at the end of the program cycle. For both users and nonusers, the instrument will be mailed directly to the appropriate staff person(s) in each agency. In all instances, a stamped, self-addressed envelope will be provided to insure a higher return rate and follow-up efforts will be conducted to increase the response.

Analysis

Data analysis will be undertaken on two levels--the analysis for Direction Centers and the analysis for the state based on aggregated results. For appropriate questionnaire items, frequency counts, means of ranks and ratings, and standard deviations will be determined to provide a description of agency responses. In order to assess possible differences in responses across agency type, a chi-square, t-test, or analysis of variance will be calculated depending upon the data involved. These comparative statistical procedures will prove particularly useful in calculating the differences between users and nonusers in their perceptions of the legitimacy of Direction Centers.

In addition to direct analyses which will be performed with the

questionnaire results, some variables will be extracted from the instrument for additional analysis purposes. Specifically, the information regarding extent of legitimacy will be used to categorize ECDC projects, and this data will be included in the multiple regression analysis of outcome factors.

Record Review

Tabulated records of project activities can be valuable sources of information when they are designed to document appropriate evaluative data. The records to be discussed in this section will provide information about ECDC awareness activities, service delivery, interagency collaboration, and child services. Some of the material requested is already being gathered by the ECDCs on intake forms or other records. What will be described in this section are additional formats for transcribing individual data in a manner that facilitates data synthesis. To answer the evaluation questions posed earlier, four types of records will be maintained:

- Awareness Activities Record
- Service Delivery Log
- Interagency Collaboration Log
- Child Service Record

These records are described below in terms of purpose, administration procedures, and analysis.

Awareness Activities Record

Purpose

The purpose of the Awareness Activities Record is to determine the effectiveness of ECDC outreach/awareness efforts. Effectiveness will

be demonstrated by examining the relationship among such factors as type of activity conducted, type of audience responding, and costs. To capture this information in summary form, the Record will list awareness activities directly conducted by the ECDCs (e.g., brochures or radio spots) as well as indirect awareness modes (e.g., learning about the Center from a friend). For each activity, the form will also record the number of parents, agencies, and professionals "responding" by type, and the production and distribution costs. The information on response rates will be obtained during initial parent/agency/professional contact by asking clients how they learned about the Early Childhood Direction Centers.. This summary account of awareness activities will enable staff at the project level to determine the overall impact of awareness efforts, as well as the relative effectiveness of specific types of activities.

Administration Procedures

To provide information for program improvement purposes, the Awareness Activities Record will be completed and tallied no less than twice a year.

Analysis

Data will be analyzed using descriptive statistics, specifically frequency counts and percentages. The "raw" data will also be entered into a multiple regression formula to determine the relationship between the level of ECDC awareness efforts and project outcomes.

Service Delivery Logs

Purpose

The Service Delivery Logs will be used as a basis for describing ECDC

services and the users of these services. Since two types of activities must be documented, i.e., direct assistance and information dissemination, two logs will be developed. The specific information that will be transcribed on the Direct Assistance Log includes: type of parent/agency/professional requesting assistance; the name, age, and handicapping condition of the child for whom service is required (if appropriate); the nature and date of the initial request; the date and type of follow-along activities conducted prior to matching a child to services; the date and nature of final service delivery; and the date and nature of follow-up activities conducted after the match.

Similarly, the Information Dissemination Log will record: type of parent/agency/professional requesting information; the nature and date of the information requested; the type of information provided and the date of delivery; and the turnaround time between request and delivery.

The data recorded on the Service Delivery Logs will enable project and state personnel to answer the process evaluation questions regarding Direct Assistance/Information Dissemination. Specifically, staff will be able to determine what services are being used, by whom, when, and how often.

Administration Procedures

The Service Delivery Logs will be completed on a regular basis as services are both requested and delivered. Information from the logs will be summarized bi-monthly.

Analysis

Documentation level data will be analyzed by calculating frequency counts, means, ranks, and standard deviations. Where comparisons across parent/agency type, and among ECDCs are required, chi-squares will be computed. Finally, multiple regression and discriminant analysis will be used to determine the significant context factors associated with service utilization.

Interagency Collaboration Log

Purpose

The purpose of this log is to document the extent to which ECDCs collaborate with other social, medical, and educational agencies. The information to be recorded includes: the type of agency collaborating (e.g., Perinatal Center, COH, preschool program, or social service agency); the nature/purpose of collaboration (e.g., joint sponsoring of meeting; working together on a regional awareness campaign; referring a child; or providing names to COH for registration); and the mode of communication (e.g., telephone, face-to-face contact, or letter). The data will enable project and state personnel to provide a description of interagency linkages, as well as to examine the relationship between linkage and context, linkage and service utilization, and linkage and outcomes.

Administration Procedures

The Interagency Log will be completed on a regular basis, as various linkages occur. The data will be summarized quarterly.

Analysis

Descriptive statistics will be computed to determine the extent of

interagency collaboration. Regression and correlational procedures will be undertaken to examine the relationship between context factors and interagency collaboration, and to determine whether collaboration influences the level of service utilization. Finally, to compare ECDCs along the variable of collaboration, chi-squares will be calculated.

Child Service Records

Purpose

The Child Services Records will provide information regarding the number of different handicapped children matched to services, and the number of different services matched to handicapped children. Three records will be required to summarize this information; in all cases, the data will be obtained from the Direct Assistance Log described in the previous section. One record, already being kept by the ECDCs on a bimonthly basis, is the register of children matched to services (Summary Data Sheet C). This form summarizes the number of different children matched to services by age and handicapping condition, regardless of the service provided. A second record, still to be developed, lists the services, and indicates the number of children matched to each service by the handicapping condition of each child. The third record also lists the services, but it indicates the number of children matched by age. The latter two records, hence, provide separate accounts of the number of services matched to children.

The Child Service Records will enable project and state personnel to determine: whether a broad range of handicapped children are being served; whether a broad range of services are being provided and if certain services are used more frequently by different handicapped types; if the age or type of handicapping condition of children served is changing over time; whether there is a relationship between context factors and outcomes; and, whether there is a relationship between selected process factors and project outcomes. In short, the child data will provide information related to the long-range outcome evaluation questions.

Administration Procedures

The Child Service Records will be completed bi-monthly.

Analysis

Descriptive statistics (e.g., frequency counts and percentages) will be computed to generate profiles of the type of children matched to services, and the types of services matched to children. Frequency counts and percentages will also be calculated to determine whether children in need of services are actually being reached. With respect to trend data, that is, changes in age or handicapping condition over time, chi-square analyses will be performed. A chi-square will also be computed to determine if ECDCs within different context groupings serve similar numbers and types of handicapped children. Finally, multiple regression analyses will be undertaken to determine the relationship between outcomes and such factors as context, interagency collaboration, awareness activities, and legitimacy.

Summary Charts

for

ECDC Evaluation Design

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
Context					
1. Geographic and demographic characteristics of regions served by ECDCs	All ECDC Projects	ECDC Profile Form	Form completed and updated as needed	Frequency counts, means, ranges, and standard deviations for each variable measured	Project completes forms; state aggregates and analyzes data
2. Resources available to the ECDCs	All ECDC Projects	ECDC Profile Form	Form completed and updated as needed	Frequency counts, means, ranges, and standard deviations for each variable measured	Project completes forms; state aggregates and analyzes data
3. Characteristics of the delivery system served by the ECDCs	All ECDC Projects	ECDC Profile Form	Form completed and updated as needed	Frequency counts, means, ranges, and standard deviations for each variable measured	Project completes forms; state aggregates and analyzes data
4. Gaps in service delivery system	All ECDC Projects	ECDC Profile Form	Form completed and updated as needed	Descriptive analysis; comparison of existing services with projected needs	Project completes forms; project prepares descriptive analysis
5. Relationship between ECDCs and Perinatal Centers	All ECDC Projects	ECDC Profile Form	Form completed and updated as needed	Frequency counts, ranges for variables measured	Project completes forms; state aggregates data

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
6. ECDC clusters based on context factors	All ECDC Projects	ECDC Profile Form	Form completed and updated as needed	Hierarchical grouping, discriminant analysis; simplified cluster analysis	Project completes forms; state aggregates and analyzes data
Process					
a. Awareness/Outreach					
1. Effectiveness of awareness effort	All parents/ agencies/ professionals who use ECDC services	ECDC Intake Form; Awareness Activities Record	Intake Form completed as parents, etc. use services; Awareness Record completed at least twice a year	Frequency counts, percentages; comparison of direct vs. indirect activities and costs	Project completes forms and aggregates and analyzes data
2. Efficiency/effectiveness of various types of awareness activities	All parents/ agencies/ professionals who use ECDC services	ECDC Intake Form; Awareness Activities Record	Intake Form completed as parents, etc, use services; Awareness Record completed at least twice a year	Frequency counts, percentages; comparison of types of activities--responses and costs	Project completes forms and aggregates and analyzes data

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
Direct Assistance/Information Dissemination					
Types of services requested and provided; gaps between requests and actual service delivery	All parents/ agencies/ professionals who use ECDC services	Service Delivery Logs: Direct Assistance and Information Dissemination	Logs completed on a regular basis and summarized bi-monthly	Project level: Frequency counts, percentages; discrepancy analysis for services requested vs. those delivered State level: Frequency counts, means, ranks based on aggregation of project data	Project completes logs and analyzes site data; state aggregates data across ECDCs
Turnaround time between requests for service and actual delivery	All parents/ agencies/ professionals who use ECDC services	Service Delivery Logs: Direct Assistance and Information Dissemination	Logs completed on a regular basis and summarized bi-monthly	Project level: Average (mean) time interval between request and delivery State level: Comparison of average intervals across ECDCs	Project completes logs and calculates average (mean) turnaround time; state aggregates data across ECDCs
Extent of service utilization by a broad range of parents and agencies	All parents/ agencies/ professionals who use ECDC services	Service Delivery Logs: Direct Assistance and Information Dissemination	Logs completed on a regular basis and summarized bi-monthly	Project level: Frequency counts, percentages of the number of transactions by respondent type, and number of different respondents (by type); comparison of utilization data with context data State level: Frequency counts, percentages, means and ranks based on aggregation of project data	Project completes logs and analyzes site data; state aggregates data across ECDCs

Summary Charts

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
Extent of service utilization across geographic regions	All parents/ agencies/ professionals who use ECDC services	Service Delivery Logs: Direct Assistance and Information Dissemination	Logs completed on a regular basis and summarized bi-monthly	Frequency counts of number of transactions by county	Project completes logs and analyzes data
Usage of a broad range of services by different types of parents and agencies	All parents/ agencies/ professionals who use ECDC services	Service Delivery Logs: Direct Assistance and Information Dissemination	Logs completed on a regular basis and summarized bi-monthly	Project Level: Frequency counts of numbers of different parents/agencies using services, organized by type of user and type of service, chi-square to determine differences in degrees of usage State Level: Frequency counts, means, and ranks based on aggregation of project data	Project completes logs and analyzes site data; state aggregates data across ECDCs
Extent to which context factors are associated with service utilization	All parents/ agencies/ professionals who use ECDC services	ECDC Profile Form and Service Delivery Logs	Data analyzed yearly	Multiple regression analysis with context factors as independent variables and requests for services and actual delivery as dependent variables	State analyzes data
Extent to which ECDCs within context groupings demonstrate similar levels of service utilization	All parents/ agencies/ professionals who use ECDC services	ECDC Profile Form and Service Delivery Logs	Data analyzed yearly	Chi-square to compare differences in utilization frequencies within context clusters	State analyzes data

SUMMARY CHARTS

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
. Classification of service providers according to a set of significant context factors	All parents/ agencies/ professionals who use ECDC services	ECDC Profile Form and Service Delivery Log	Data analyzed yearly	Discriminant analysis with context factors as independent variables and "high" vs. "low" service providers as dependent variables	State analyzes data
. <u>Interagency Collaboration</u>					
. Types of agencies involved in collaboration	All social, educational, and medical agencies who collaborate with ECDCs	Interagency Collaboration Log	Log completed on a regular basis; data analyzed quarterly	<u>Project Level</u>: Frequency counts and percentages <u>State Level</u>: Frequency counts, percentages, means, and ranks based on aggregation of project level data	Project completes log and analyzes site data; state aggregates data across ECDCs
. Type and frequency of collaboration	All social, educational, and medical agencies who collaborate with ECDCs	Interagency Collaboration Log	Log completed on a regular basis; data analyzed quarterly	<u>Project Level</u>: Frequency counts, percentages by type of collaboration <u>State Level</u>: Frequency counts, percentages, means, and ranks based on aggregation of project level data	Project completes logs and analyzes site data; state aggregates data across ECDCs

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
3. Extent to which purpose of collaboration was clearly established	Stratified random sample of agencies who use ECDC services	Agency Questionnaire	Questionnaire distributed and analyzed on yearly basis	Means and standard deviations for purpose variable	Project distributes questionnaire and analyzes data
4. Extent to which context factors are associated with collaboration	All agencies who collaborate with ECDCs	ECDC Profile Form and Interagency Collaboration Log	Data analyzed yearly	Multiple regression analysis with context factors as independent variables, and frequency of collaboration as the dependent variable	State analyzes data
5. Extent to which ECDCs within context groupings demonstrate similar levels of collaboration	All agencies who collaborate with ECDCs	ECDC Profile Form and Interagency Collaboration Log	Data analyzed yearly	Chi-square to compare differences in collaboration frequencies within context clusters	State analyzes data
6. Extent to which collaboration is associated with service utilization	All parents and agencies who use ECDC services; all agencies who collaborate with ECDCs	Service Delivery Logs and Interagency Collaboration Log	Data analyzed yearly	Multiple regression analysis with frequency of collaboration as an independent variable and requests for services and actual delivery as dependent variables	State analyzes data

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
Outcome a. Intermediate					
. Satisfaction of parents/ agencies with ECDC services; differences across parent/agency type	Stratified random sample of all parents/ agencies who use services	Parent and Agency Questionnaires	Forms completed at end of each project cycle	Mean rating, standard deviations; t-test comparing rating differences between parent types; analysis of variance assessing rating difference across agency types	Project collects and analyzes data
. Knowledge and skills of parents/agencies who have used ECDC services	Stratified random sample of parents/ agencies who used services	Parent and Agency Questionnaires	Forms completed at end of each project cycle	Mean rating, standard deviations for knowledge and skills variables	Project collects and analyzes data
. Extent of legitimacy among parents and agencies in ECDC regions	Stratified random sample of parent/ agency users and nonusers	Parent and Agency Questionnaires	Forms completed at end of each project cycle	Project Level: Frequency counts, means, standard deviations for each variable related to legitimacy State Level: descriptive statistics based upon aggregation of project data	Project collects and analyzes site data; state aggregates data across ECDCs

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
b. Long-range					
. Extent of service utilization by broad range of handicapped children	All children matched to services	Direct Assistance Log; Child Service Record	Log completed as children are matched to services; Child Record compiled bi-monthly	Frequency counts and percentages	Project provides site data; state aggregates data across ECDCs
a. Extent to which children in need of services are being reached	Target population and all children matched to services	ECDC Profile Form; Direct Assistance Log; Child Service Records	Data analyzed yearly	Comparison of number of children served to total in region	Project provides site data; state analyzes data across ECDCs
2. Extent to which broad range of children are matched to services	All children matched to services	Direct Assistance Log; Child Service Records	Log completed as children are matched; Child Record compiled bi-monthly	Frequency counts and percentages	Project provides site data; state analyzes data across ECDCs
3. Frequency of service provision to different types of children	All children matched to services	Direct Assistance Log; Child Service Records	Log completed as children are matched; Child Record compiled bi-monthly	Frequency counts and percentages	Project provides site data; state analyzes data across ECDCs

Summary Charts

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
Changes in age of child matched to services over time	All children matched to services	Direct Assistance Log, Child Service Records	Data analyzed on yearly basis	Chi-square (with time and age as independent variables)	Project provides site data; state analyzes data across ECDCs
Changes in types of handicaps served over time	All children matched to services	Direct Assistance Log, Child Service Records	Data analyzed on yearly basis	Chi-square (with time and handicap as independent variables)	Project provides site data; state analyzes data across ECDCs
Extent of service linkage performed by ECDCs	Stratified random sample of agency users and nonusers	Agency Questionnaire	Form completed at end of project cycle	Comparison of number of children in agency referred by ECDCs vs other sources	Project collects and analyzes site data; state aggregates data across ECDCs
Differences in parent perceptions of child services and child changes in level of functioning among users and nonusers	Stratified random sample of parent users and nonusers	Parent Questionnaire	Form completed at end of project cycle	Mean ratings and standard deviations; t-test between ratings of users and nonusers	Project collects and analyzes site data; state aggregates data across ECDCs
Extent to which context factors are associated with "high" service delivery to children	All children matched to services	ECDC Profile Form Child Service Records	Data analyzed yearly	Multiple regression analysis with context factors as independent variables and service delivery to children as a dependent variable	State analyses data

Evaluation Concern	Sample	Instrument/ Procedure	Timeline	Analysis	Responsibility
9. Extent to which ECDCs within context clusters demonstrate similar levels/types of service delivery to children	All children matched to services	ECDC Profile Form; Child Service Records	Data analyzed yearly	Chi-square to compare differences in utilization within context clusters	State analyzes data
10. Relationship between type/ extent of awareness activities and service delivery to children	All children matched to services	ECDC Profile Form; Child Service Records	Data analyzed yearly	Multiple regression	State analyzes data
11. Relationship between type/ extent of interagency collaboration and service delivery to children	All children matched to services	ECDC Profile Form; Child Service Records	Data analyzed yearly	Multiple regression	State analyzes data
12. Relationship between extent of ECDC legitimacy and service delivery to children	All children matched to services	ECDC Profile Form; Child Service Records	Data analyzed yearly	Multiple regression	State analyzes data

Implementation Plan
for
ECDC Evaluation Design

IMPLEMENTATION PLAN

MAJOR EVALUATION ACTIVITIES	PERSONS RESPONSIBLE	TIME TO COMPLETE ACTIVITY	RESOURCES AND COSTS FOR OUTSIDE CONSULTANTS
I. STAFF TRAINING TO IMPLEMENT DESIGN			
a. Design Overview b. Instrument Development c. Data Collection d. Data Analysis	Evaluation Consultants and SIG Staff	A 1½-day staff training meeting or two 1-day sessions at different times	$180/day plus $90 preparation for 2 people Total: 4 or 5 person-days or $720 - $900
II. INSTRUMENT DEVELOPMENT			
a. ECDC Profile Form	ECDC/SIG Staff	5 days for consultants to develop questionnaire (including staff interviews; more days needed for field testing, etc.) 2 days for State to develop all other instruments or 1½ days for each ECDC to develop all other instrunebts	$180/day for 2 people Total: 10 person-days or $1,800
b. Parent Questionnaire	Evaluation Consultants		
c. Agency Questionnaire	Evaluation Consultants		
d. Awareness Activities Record	ECDC Staff		
e. Service Delivery Logs (2)	ECDC/SIG Staff		
f. Interagency Collaboration Log	ECDC/SIG Staff		
g. Child Services Records (3)	ECDC/SIG Staff		
II. DATA SUMMARY FORM DEVELOPMENT			
a. State Profile Summary	SIG Staff	[illegible]y for each ECDC to develop all Summary Forms	

IMPLEMENTATION PLAN

MAJOR EVALUATION ACTIVITIES	PERSONS RESPONSIBLE	TIME TO COMPLETE ACTIVITY	RESOURCES AND COSTS FOR OUTSIDE CONSULTANTS
b. Project Questionnaire Summaries (multiple)	ECDC Staff		
c. State Questionnaire Summaries (multiple)	SIG Staff		
d. Project Service Delivery Summaries (multiple)	ECDC Staff	One day for State to develop all of its Summary Forms	
e. State Service Delivery Summaries (multiple)	SIG Staff		
f. Project Interagency Summary	ECDC Staff		
g. State Interagency Summary	SIG Staff		
IV. INSTRUMENT/FORM REVISION			
a. Intake Form	ECDC Staff	2 hours	
b. Bi-monthly Reporting Forms	SIG Staff	1 day	
V. DATA COLLECTION			
a. Intake Form	ECDC Staff responsible for all data collection	15 minutes per referral	
b. ECDC Profile		1 day at beginning of year	
c. Parent Questionnaire (administer)		2 days at end of year	
d. Agency Questionnaire (administer)		2 days at end of year	

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IMPLEMENTATION PLAN

MAJOR EVALUATION ACTIVITIES	PERSONS RESPONSIBLE	TIME TO COMPLETE ACTIVITY	RESOURCES AND COSTS FOR OUTSIDE CONSULTANTS
e. Awareness Record		½ day twice per year	
f. Service Delivery Logs		10 minutes per contact; ½ day on bi-monthly basis*	
g. Interagency Collaboration		10 minutes per contact; ½ day on bi-monthly basis*	
h. Child Services Record		½ day on bi-monthly basis*	
i. Bi-monthly Reports		*1 day in addition to present time spent	
VI. DATA ANALYSIS			
a. Descriptive Statistics--frequencies, percentages, means, SDs, ranks, ranges, etc.:			
1. Context Variables	ECDC/Sig Staff	For ECDC analysis, there will be one additional day needed above current time on a bi-monthly basis	
2. Awareness Variables	ECDC Staff		
3. Service Delivery Variables	ECDC/SIG Staff	For State analysis, there will be 1-3 additional days needed above current time on bi-monthly basis, depending upon availability of computer	
4. Interagency Collaboration Variables	ECDC/SIG Staff		
5. Parent/Agency Variables	ECDC/SIG Staff		
6. Child Variables	ECDC/SIG Staff	Note: Bi-monthly data will also have to be aggregated and analyzed	

IMPLEMENTATION PLAN

MAJOR EVALUATION ACTIVITIES	PERSONS RESPONSIBLE	TIME TO COMPLETE ACTIVITY	RESOURCES AND COSTS FOR OUTSIDE CONSULTANTS
b. Simplified Cluster Analysis	SIG Staff	2 days, once per year	
c. Chi-square			
1. Within context clusters, similarities (differences) in service utilization across ECDCs			
2. Within context clusters, similarities (differences) in interagency collaboration across ECDCs	SIG Staff will be responsible for all of these analyses	1 to 2 full days for all five analyses per year, depending upon availability of computer	
3. Within context clusters, similarities (differences) in services to children across ECDCs			
4. Changes in ages of children served over time			
5. Changes in handicapping conditions of children served over time			
d. t-tests			
1. Rating differences between parent types	Evaluation Consultants	Analyses d.-g. will all be performed on a yearly basis; together, they will require 2-4 weeks of analysis time, depending upon the availability of a computer	For Analyses d.-g. $180/day for 2-4 weeks Total: 10 - 20 person-days or $1,800 - $3,600
2. Rating differences between parent users and nonusers			

IMPLEMENTATION PLAN

MAJOR EVALUATION ACTIVITIES	PERSONS RESPONSIBLE	TIME TO COMPLETE ACTIVITY	RESOURCES AND COSTS FOR OUTSIDE CONSULTANTS
e. ANOVA		(This time would include the generation of data interpretations/recommendations to be delivered verbally)	
1. Rating differences across agency types	Evaluation Consultants		
f. Discreminant Analysis			
1. Context by high vs. low service providers	Evaluation Consultants		
g. Multiple Regression			
1. Context by service utilization	Evaluation Consultants		
2. Context by frequency of collaboration			
3. Frequency of collaboration by service utilization			
4. Context by service delivery to children			
5. Awareness activities by service delivery to children			
6. Interagency collaboration by service delivery to children			
7. Legitimacy by service delivery to children			GRAND TOTAL: 24 - 3[illegible] person-days

APPENDIX Q

Principles

STATE OF NEW YORK
OFFICE OF MENTAL RETARDATION AND DEVELOPMENTAL DISABILITIES

44 HOLLAND AVENUE • ALBANY • NEW YORK • 12229

JAMES E. INTRONE
Commissioner

ROBERT C. NORRIS
Director
Program Planning and Development

April 14, 1980

RECEIVED
APR 23 1980

Mr. Lou Grumet
Assistant Commissioner
The State Education Department
Albany, N.Y. 12234

Dear Lou:

Thank you for your April 1, 1980 letter. I am going to look into the possibility of funds for the Early Childhood Direction Center Programs and will certainly consider the possibility of DD or other funds should they be available.

I do want to note that these are, at best, interim solutions to what really requires long-term resolution. I think we should discuss long-term funding for these facilities for submission in next year's [illegible] request.

Sincerely,

Robert G. Norris
Director

RGN:lm

APPENDIX R

Dr. Peter Auld
New York Hospital
Regional Perinatal Center
Cornell Medical Center
525 East 68th Street
New York, NY 10021

Dr. Ellen Barnes
Federal Direction Center Project
Center on Human Policy
Syracuse University
Division of Special Education
and Rehabilitation
216 Ostrom Avenue
Syracuse, NY 13210

Ms. Berta Brewster
Assistant to the Deputy Commissioner
Division of Services
New York State Department of
Social Services
11th Floor
40 North Pearl Street
Albany, NY 12243

Mr. Jon Brown
Department of Mental Hygiene
Office of Mental Health
Children and Youth Services
44 Holland Avenue
Albany, NY 12234

Ms. Bertha Campbell
Bureau of Child Development
and Parent Education
365 Education Building Annex
Albany, NY 12234

Ms. Lucritia Diggs
Appalachian Child Development Program
Department of Social Services
40 North Pearl Street
Fourth Floor
Albany, NY 12243

Ms. Rebecca Hatch
Council on Children and Families
Empirt State Plaza
Tower Building
28th Floor
Albany, NY

Ms. Dinah Heller, Coordinator
New York University
Resource Access Project
3 Washington Square Village
Suite 1M
New York, NY 10012

Dr. Anthony Malone
St. Mary's Hospital
Troy, New York

Mr. Richard Mergiss
Office of Mental Retardation and
Developmental Disabilities
Disabled Children's Program
44 Holland Avenue
Albany, New York 12229

Ms. Carol Nash
Office of Mental Retardation
and Developmental Disabilities
44 Holland Avenue
Albany, NY 12229

Mr. Martin O'Connell
Director
Commission for the Blind and Visually Handicap
Department of Social Services
488 Broadway
4th Floor
Albany, NY 12243

Mr. Ralph Pogoda
Director
Department of Social Services
Division of Medical Assistance
40 North Pearl Street
Albany, New York 12243

Ms. Maxine Prescott
Director of Protection and Advocacy
Commission on Quality of Care for
the Mentally Disabled
99 Washington Avenue
Albany, NY 12210

Mr. Michael Reif
Regional Early Childhood
Direction Center
264 Village Landing
Fairport, NY 14450

Dr. Herman Risenberg
Albany Medical College
Albany Medical Center Hospital
Room C536
Albany, NY 12208

Mr. George Williams
Box 206
Guilderland Center, NY 12085

Ms. Donna Lamkin Williams
Box 206
Guilderland Center, NY 10285

Dr. Michael McGarvey
Deputy Director
Division of Health Facilities Standards & Control
Empire State Plaza
Tower Building
Albany, NY 12237

APPENDIX S

THE UNIVERSITY OF THE STATE OF NEW YORK
THE STATE EDUCATION DEPARTMENT
ALBANY, NEW YORK 12234

ASSISTANT COMMISSIONER FOR
EDUCATION OF CHILDREN
WITH HANDICAPPING CONDITIONS

DIVISION OF DEVELOPMENT SUPPORT SERVICES,
EDUCATION OF HANDICAPPED CHILDREN

June 11, 1981

Dr. Ellen Barnes
Center on Human Policy
Division of Special Education
and Rehabilitation
Syracuse University
216 Ostrom Avenue
Syracuse, NY 13210

Subject: Request for Proposal (Continuation) for an Early Childhood Direction Center in the Syracuse Region

Dear Dr. Barnes:

This letter is to invite your agency to submit a continuation proposal for an Early Childhood Direction Center to assist parents of handicapped children below the age of five in linking their young handicapped children to services. Your agency may submit a proposal for the Direction Center region covering the following counties: Jefferson, Lewis, Herkimer, Oswego, Oneida, Madison, Onondaga, Cayuga, and Cortland. Reorganization of Direction Center regions has taken place due to available funding. Therefore, the Syracuse Direction Center region differs from the region you are currently serving. All project proposals received will be reviewed based upon the ability to address the objectives set forth in the enclosed packet. The proposal should be submitted to include all items listed in the table of contents. Your agency may submit a proposal in an amount not to exceed $75,620.

Projects will be funded only within limits of available funding based upon their ability to address project objectives. Attached are suggested areas to be addressed in the proposal for each objective. Problems and needs for each objective must reflect specific needs for direction services based upon current Direction Center activities in the region. This section should detail the impact of current year's activities on the region and explain how continuation will address needs specific to the region. The project proposal for an Early Childhood Direction Center in the Syracuse region should include a staff member located at the Regional Perinatal Center. A letter of agreement from the Director of the Regional Perinatal Center within the region, must accompany the project proposal, unless a staff member is located at the Perinatal Center during the current project year. In addition, a copy of the plan developed during the current year should be included. It should be evident that this component will be operational at the outset of the project. This component will be an important consideration in the review of the agency's proposal. Failure to satisfy this requirement may impact on your agency's chance of being funded.

Eight copies of the proposal should be submitted using the contract format. Proposals must be received in our Office by July 7, 1981.

We are pleased at your agency's interest in providing direction center services in the past year and look forward to working with you in the future. If you have any questions or need assistance, please contact Michael Plotzker at (518) 474-5804.

Sincerely,

Lawrence Gloeckler

Lawrence Gloeckler
Bureau Chief

cc: Diane Apter

Attachment

Suggestions for Completion of Activity Summary Sheets by Objective

Activity Summary Sheets should be completed for each objective as part of the project proposal. For each Activity Summary Sheet by objective is a problems and needs section. This section should describe problems and needs for that objective as a result of current project activities. Problems and needs should be specific to the geographic region covered by the Early Childhood Direction Center and should reflect problems and needs as a result of the current year's activities. Activities for each objective should be detailed and reflect the month of completion and level of acceptance should be described in measurable terms. In order to assist in detailing these activities we are providing you with some suggestions to take into consideration when detailing activities by objective.

For the provision of direction services to handicapped infants within the region in accordance with the Regional Perinatal Center, tasks should detail activities agreed to in the written plan. Please attach a copy of the written plan and letter of agreement from the Regional Perinatal Center.

The development of a written plan with the SETRCs should detail specific SETRCs with which coordination would need to be developed. Please include activities that would insure that periodic discussions as a result of these plans for coordination would be maintained.

Procedures for determining the type, amount and intensity of assistance should be included in activities relating to providing individual parents with assistance. It is suggested that any forms for intake and follow along activities be included.

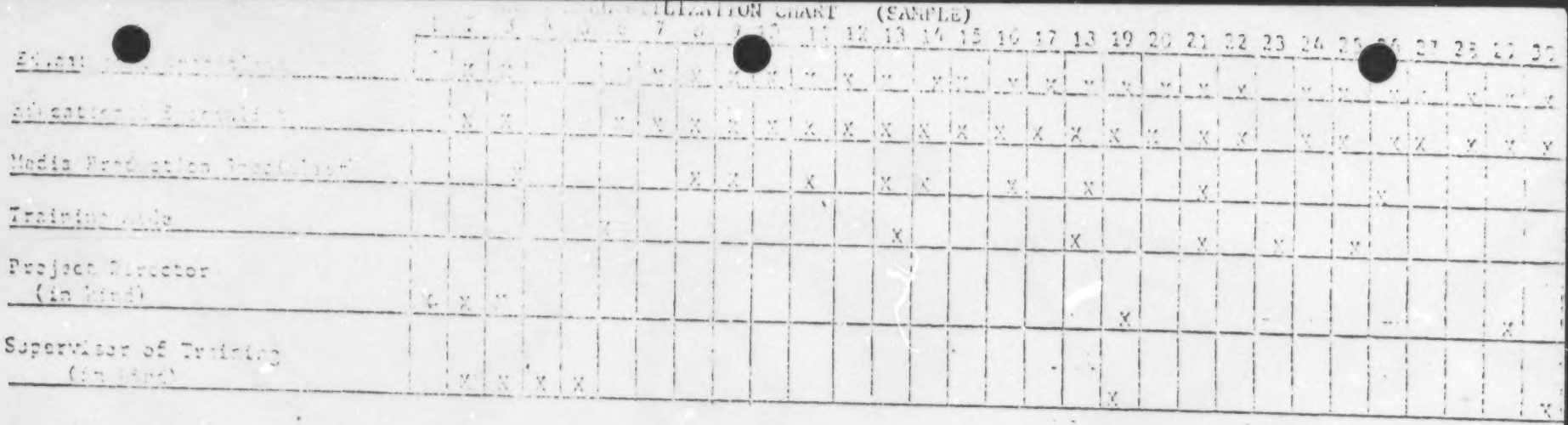
In providing local Committees on the Handicapped with the names of handicapped children identified, activities should identify an ongoing system of communication that will be established with all local committees. Activities should detail approaches used with parents and Committees on the Handicapped for making such referrals. It is suggested that copies of parental release forms be included.

Activities for long and short term follow up should distinguish the difference between long and short term follow up. Please identify a schedule of long and short term follow up and the methods to be used.

Activities for coordination with public and non public service providers should describe any advisory committees. Please attach a list of agencies providing services to this population within the region.

These suggestions only highlight some of the concepts to be included when preparing the Activity Summary Sheets. These hints are not exhaustive and activities by objective should reflect regional needs. The achievement summary column should not be completed during the proposal stage. This will be used as during the current year for reporting purposes.

Should you need any assistance in completion of your proposal please contact Michael Plotzker at (516) 474-5804.



1. Direct project
2. Establish a Advisory Committee
3. Interact with Advisory Committee
4. Manage media development and materials development
5. Manage training programs
6. Search for existing information and mediated training materials
7. Review and select appropriate information and mediated training materials
8. Review existing media training materials
9. Develop straw man and prototype media training model
10. Develop mediated package objectives for (Special Ed. & Voc. Ed)
11. Develop mediated package formats (Special Ed. & Voc. Ed.)
12. Develop mediated package content (Special Ed. & Voc Ed.)
13. Develop media and instructional support materials
14. Develop Trainer's Guides
15. Design training package evaluation instruments
16. Complete training packages
17. Advisory Committee review and final recommendations
18. Training packages completed in final form
19. Identify and select field test sites
20. Conduct direct field test training
21. Revise training program for multiplier field test
22. Conduct multiplier field test training
23. Deliver field test packages without training
24. Provide ongoing consultation to field test sites
25. Collect and analyze training evaluation
26. Revise media components
27. Revise content
28. Revise training pro
29. Identify training s for statewide and wide training deli
30. Organize training sessions
31. Conduct training wo shops
32. Evaluation and Fina Report

TIME PLAN
SUMMARY BY OBJECTIVES

OBJECTIVES	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUNE	JULY	AUG

EARLY CHILDHOOD DIRECTION CENTER
OBJECTIVES
1981-82

D.1 To assist parents in the process of petitioning for funds through the Family Court.

D.2 To provide professionals with information and assistance with the Family Court process.

*D.3 To provide direction services to handicapped infants within the region, in accordance with completed written plan with the Regional Perinatal Center, as a result of having Direction Center personnel located at the Regional Perinatal Center.

*D.3 To provide Direction Center services to handicapped infants born within the region from the Regional Perinatal Center as a result of coordination with the Early Childhood Direction Center staff located at the Regional Perinatal Center.

D.4 To provide individual parents with assistance needed to insure that the children are matched to appropriate services.

D.5 To provide professionals with assistance needed to insure that handicapped children are matched to appropriate services.

D.6 To provide local Committees on the Handicapped with the names of handicapped children identified as a result of Direction Center services.

D.7 To provide systematic long term and short term follow up of handicapped infants and preschoolers referred to the Direction Center, in order to assist in evaluating the effectiveness of Direction Center services.

D.8 To implement an evaluation design to measure the effectiveness of Direction Center services.

D.9 To coordinate activities with all public and non public service providers without duplicating services.

LINE ITEM BUDGET
(SAMPLE)

FA-10 CATEGORY		
1000 (p. 2)	Special Education Teachers 2 @ $12,000.00	$24,000.00
1046 (p. 3)	Travel for Instruction 1,000 miles x $.17 per mile	170.00
1045 (p. 3)	Materials for Instruction	200.00
	Etc.	
	TOTAL	$24,370.00

A

PROBLEMS AND NEEDS: D.1 To assist parents in the process of petitioning for funds through the Family Court.

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D.1 To assist parents in the process of petitioning for funds through the Family Court.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES

PROBLEMS AND NEEDS: D.2 To provide professionals with information and assistance with the Family Court process.

ACTIVITIES SUMMARY SHEET

OBJECTIVE 2: To provide professionals with information and assistance with the Family Court process.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES

PROBLEMS AND NEEDS: D.3 To provide direction services to handicapped infants within the region, in accordance with completed written plan with the Regional Perinatal Center, as a result of having Direction Center personnel located at the Regional Perinatal Center.

PROBLEMS AND NEEDS: D.4 To provide individual parents with assistance needed to insure that the children are matched to appropriate services.

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D.4 To provide individual parents with assistance needed to insure that the children are matched to appropriate services.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES

PROBLEMS AND NEEDS: D.5 To provide professionals with assistance needed to insure that handicapped children are matched to appropriate services.

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D. 5 TO provide professionals with assistance needed to insure that handicapped children are matched to appropriate services.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES

PROBLEMS AND NEEDS: D.6 To provide local Committees on the Handicapped with the names of handicapped children identified as a result of Direction Center services.

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D. 6 To provide local Committees on the Handicapped with the names of handicapped children identified as a result of Direction Center services.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES

PROBLEMS AND NEEDS: D.7 To provide systematic long term and short term follow up of handicapped infants and preschoolers referred to the Direction Center, in order to assist in evaluating the effectiveness of Direction Center services.

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D.3 To provide direction services to handicapped infants within the region, in accordance with completed written plan with the Regional Perinatal Center, as a result of having Direction Center personnel located at the Regional Perinatal Center.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIE
312			313

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D.7 To provide systematic long term and short term follow up of handicapped infants and preschoolers referred to the Direction Center, in order to assist in evaluating the effectiveness of Direction Center services.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENC

PROBLEMS AND NEEDS: D.8 To implement an evaluation design to measure the effectiveness of Direction Center activities.

ACTIVITIES SUMMARY SHEET

OBJECTIVE: D.8 To implement an evaluation design to measure the effectiveness of Direction Center services.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES

PROBLEMS AND NEEDS: D.9 To coordinate activities with all public and non public service providers without duplicating services.

ACTIVITIES SUM[illegible] SHEET

OBJECTIVE: D.9 To coordinate activities with all public and nonpublic service providers without duplicating services.

ACTIVITY	PROJECTED MONTH OF COMPLETION	LEVEL OF ACCEPTANCE	ACHIEVEMENT SUMMARY - CONTINGENCIES
lop a written plan with SETRCs for receiving rrals to the Early Childhood Direction er and referring parents of preschool icapped children for training.			